

Mountain Sweets Distributing, Inc.  
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### CREDIT APPLICATION

Date: \_\_\_\_\_

Sales Tax #: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

(Please attach a copy of exemption certificate)

Legal Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Check One: Corporation () Partnership () Sole Proprietorship ()

Principal Officer (If Corporation): \_\_\_\_\_

Owner(s) Name(s): \_\_\_\_\_

Years In Business: \_\_\_\_\_

#### Bank References

1) Institution Name: \_\_\_\_\_ Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Bank Officer: \_\_\_\_\_

2) Institution Name: \_\_\_\_\_ Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Bank Officer: \_\_\_\_\_

#### Trade References

1) Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

2) Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

3) Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature of Officer/Owner: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_