



NEW ACCOUNT CREDIT INFORMATION

APPLICATION DATE: _____ SALES ASSOCIATE _____

BUSINESS TYPE: SOLE PROPRIETORSHIP? _____ PARTNERSHIP? _____ CORP? _____ OTHER? _____

BILL TO NAME _____

ADDRESS _____

CITY/ST, ZIP _____

PHONE _____ FAX _____ E-MAIL _____

SHIP TO NAME _____

ADDRESS _____

CITY/ST/ZIP _____

PHONE _____ FAX _____ E-MAIL _____

OWNER OR PRINCIPAL _____ SIGNATURE _____

STORE CONTACT 1 _____ 2 _____

STATE SALES TAX # _____ (ATTACH COPY)

BUSINESS ESTABLISHED (YEAR) _____ FINANCIAL STATEMENT AVAIL _____

DUN & BRADSTREET # _____ RATING _____

DISCLOSURE: DID YOU PLEDGE OR BORROW ON YOUR INVENTORY, AND/OR ACCOUNTS RECEIVABLE? _____

IF SO, FROM WHOM _____

ACTIVE CREDIT REFERENCES

1. NAME _____ ACCT # _____ CONTACT _____

ADDRESS _____ CITY/ST/ZIP _____

PHONE _____ FAX _____ E-MAIL _____

2. NAME _____ ACCT # _____ CONTACT _____

ADDRESS _____ CITY/ST/ZIP _____

PHONE _____ FAX _____ E-MAIL _____

3. NAME _____ ACCT # _____ CONTACT _____

ADDRESS _____ CITY/ST/ZIP _____

PHONE _____ FAX _____ E-MAIL _____

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