

**CREDIT APPLICATION**

Company Name \_\_\_\_\_

Parent Company (if applicable) \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

In Business Since \_\_\_\_\_ Type of Business \_\_\_\_\_ FEIN # \_\_\_\_\_

President \_\_\_\_\_ CEO \_\_\_\_\_ CFO \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Trade References**

1. Company Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

2. Company Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

3. Company Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

\* If the company is a subsidiary, please provide credit information for Parent Company as well



# GREENWOOD ASSOCIATES, INC.

FRUIT JUICE CONCENTRATES, PUREES AND ESSENTIAL OILS  
SINCE 1974

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## Bank Reference

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Account Number \_\_\_\_\_ Account Manager/Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

I, \_\_\_\_\_ (applicant), authorize \_\_\_\_\_ (Bank Name) to release relevant information regarding our creditworthiness to Greenwood Associates, Inc. This information may include recent approximate average account balances, indebtedness and checks returned for insufficient funds.

Prepared By \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_