



## **CUSTOMER PROFILE / CREDIT APPLICATION**

The information requested below is ne assured all responses will remain confi		ng an applicant i	to be a <b>WBHC</b> authorized dealer.	Please be
Business Name				
Bill to Address				
City	State	Zip	_ Phone #()	
Contact Email:	Payables Email (if different)			
I agree NOT to sell to Amazon or a	ny third party website	eN	oYes	
Ship to Address (if different than Bill to)				
Website:	Name of Rep		Date Business Commenced	
Credit Card Payment Information (if not	requesting credit):			
Card Number:	Expi	ration:	CVV:	
Billing Address:				
TRADE REFERENCES OF SUPPLIER	RS (if requesting credit	t): Requested	Credit Limit \$	
Name:	Phone Number:		_ Email:	
Address:			Account Number:	
Name:	Phone Number:		_ Email:	
Address:			Account Number:	
Name:	Phone Number:		_ Email:	
Address:			Account Number:	

I certify that, to the best of my knowledge, the information provided on this credit application is true and correct. Furthermore, I hereby give my permission to the above-mentioned individuals, businesses, and banks to release necessary information to **wBHC** in order to establish my credit-worthiness.

Signature		
Name		
	(Please print or type)	
Title	Date	