



phone: 340.719.6001 fax: 340.773.6910
#38 Strand Street Suite 3, Caravelle Arcade St. Croix

Business Credit Application

Please print, fill out and return to Refill Plus. You may fax it, scan and email or drop it off at our downtown store.

Name of Business:

Tax I.D. Number

Address:

City:

State:

ZIP:

Phone:

Contact Person:

Last:

First:

Middle Initial:

Title

Company Information

Type of Business:

In Business Since:

Legal Form Under Which Business Operates:

Corporation []

Partnership []

Proprietorship []

If Division/Subsidiary, Name of Parent Company:

In Business Since:

Name of Owner:

Address:

City:

State:

ZIP:

Phone:

Name of Accounts Payable Supervisor:

Address:

City:

State:

ZIP:

Phone:

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 credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date