

# Confidential Credit Application

## BELLWETHER MANUFACTURING

1499 West 2nd Street, Bloomington, IN 47403  
(812) 334-2499, FAX: (812) 323-8494  
www.bellwethermfg.com, email to info@bellwethermfg.com

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

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

Phone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Postal/Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Number of Locations: \_\_\_\_\_

## SUPPLIERS

Name	Address	City/State	Phone	Terms
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

## BANK REFERENCES

Name	Address	City/State	Phone	Account #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Firm is: Proprietorship \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Business started \_\_\_

Firm is: Branch \_\_\_ Division \_\_\_ Subsidiary \_\_\_ Business started \_\_\_

of (Parent Company:)

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

City/State: \_\_\_\_\_

Postal/Zip: \_\_\_\_\_

Contact in Accounts Payable: \_\_\_\_\_

Phone: \_\_\_\_\_

## PROPRIETORS, PARTNERS OR OFFICERS

Name	Title	Direct Phone
1.	_____	_____
2.	_____	_____
3.	_____	_____

Province/State of Incorporation: \_\_\_\_\_

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

Projected Monthly Requirements: \_\_\_\_\_

D&B Rating: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_

Agents Name: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Resale Certificate#: \_\_\_\_\_

Remarks: \_\_\_\_\_

ANTICIPATION DISCOUNTS NOT ALLOWED \* BELLWETHER MFG'S STANDARD TERMS-NET 30 DAYS. THE INFORMATION ABOVE MAY BE VERIFIED AT ANY TIME. BELLWETHER MFG RESERVES THE RIGHT TO REFUSE CREDIT AT ANY TIME.