

Business Credit Application



M.A.Silva *USA*

Federal Tax ID #:
State Resale #:

Last Name:	First Name:	Middle Initial:	Title:
Name of Business:			
Address:	City:	State:	Zip:
Phone:	Email:	Website:	
Type of Business:	In Business Since:		
Legal Form Under Which Business Operates:			
Corporation		Partnership	LLC
			Proprietorship
If Division/Subsidiary, Name of Parent Company:		In Business Since:	
Name of Company Principal Responsible for Business Transactions:			Title:
Address:	City:	State:	Zip:
Billing Contact Name:	Phone:	Email:	Website:

Bank References		Bank References		Bank References	
Institution Name:		Institution Name:		Institution Name:	
Operating Account #:		Reserve Account #:		Bank Financing:	Balance:
Address:		Address:		Address:	
Fax:		Fax:		Fax:	
Trade References		Trade References		Trade References	
Company Name:		Company Name:		Company Name:	
Contact Name:		Contact Name:		Contact Name:	
Address:		Address:		Address:	
Phone:	Fax:	Phone:	Fax:	Phone:	Fax:
Email:		Email:		Email:	

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.

Authorized Signature or Corporate Officer

Date

CONFIDENTIAL INFORMATION— M.A. SILVA USA INTERNAL USE ONLY



M.A.Silva USA

Authorization to Release Information

Name of Business: _____

See attached typed Credit References.

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Authorized Signature or Corporate Officer

Date

Printed Name

Title

www.MASilva.com – 707-636-2530

3433 Westwind Blvd., Santa Rosa, CA 95403

M.A. Silva Corks, USA maintains a policy of constant improvement. Specifications may change at any time without notice.

7.15.10