



BANDITOS INCORPORATED CREDIT APPLICATION

PLEASE SEND COMPLETED FORM TO OFFICE@BANDITOSINC.COM

LEGAL TRADE NAME			
OPERATING NAME (IF DIFFERENT)			
BILLING ADDRESS			
	<i>STREET</i>	<i>CITY</i>	<i>PROVINCE</i> <i>POSTAL CODE</i>
SHIP TO ADDRESS			
	<i>STREET</i>	<i>CITY</i>	<i>PROVINCE</i> <i>POSTAL CODE</i>
SHIP TO ADDRESS 2			
	<i>STREET</i>	<i>CITY</i>	<i>PROVINCE</i> <i>POSTAL CODE</i>
<u>CONTACT INFO</u>			
PURCHASING CONTACT		<i>PHONE:</i>	
<i>EMAIL</i>			
ACCOUNTS PAYABLE CONTACT		<i>PHONE:</i>	
<i>EMAIL</i>			
OWNER / PRINCIPLE CONTACT		<i>PHONE:</i>	
<i>EMAIL</i>			
OTHER CONTACT		<i>PHONE:</i>	
<i>EMAIL</i>			

INVOICES	
<i>EMAIL</i>	
STATEMENTS	
<i>EMAIL</i>	

ARE BACKORDERS ACCEPTED?	YES	NO
	<i>(PLEASE CIRCLE)</i>	

PURCHASE ORDER # REQUIRED?	YES	NO
	<i>(PLEASE CIRCLE)</i>	

CREDIT REFERENCES

1

COMPANY NAME:			
<i>CONTACT NAME:</i>		<i>PHONE:</i>	
<i>EMAIL:</i>			

2

COMPANY NAME:			
<i>CONTACT NAME:</i>		<i>PHONE:</i>	
<i>EMAIL:</i>			

3

COMPANY NAME:			
<i>CONTACT NAME:</i>		<i>PHONE:</i>	
<i>EMAIL:</i>			

I/We 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. I agree to the Terms of Sale being Net 30 days from invoice date. We hereby agree to pay your account according to your Terms of Sale and we understand that interest at the rate of 2% per month is chargeable on all amounts in arrears.

NAME / TITLE:			
SIGNATURE:		DATE:	



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