

BUSINESS CREDIT APPLICATION

A 1 Produce Wholesale
P.O. Box 5086
Petaluma, CA 94955
707-753-0894

For fast credit approval
Please fax this
form to:
707-782-0952

Company Name	Type of Business	Phone Number	Fax Number		
Billing Address		Shipping Address			
City	State	Zip	City	State	Zip

Type of Ownership: ___ Corporation ___ Partnership ___ Sole Proprietor
___ Government ___ Non -Profit Years in business: _____

Tax Exempt? Yes No (If yes please include resale card with application)

Parent Company names (If different than above): _____

Address	Fax Number	
City	State	Zip

Bank References

1. _____
Name Phone Number Fax Number
Account Number _____ Contact: _____
2. _____
3. _____
Name Phone Number Fax Number
Account Number _____ Contact: _____

Open Accounts References

1. _____
Name Phone Number Fax Number

Address City State Zip
2. _____
Name Phone Number Fax Number

Address City State Zip

Signature: _____ Date: _____