

Credit Application
Application for credit terms with WishGarden Herbs, Inc.

Company Name: _____
Billing Address: _____
City: _____ State: _____ Zipcode: _____

Shipping Address: (if different) _____
City: _____ State: _____ Zipcode: _____

Principal: _____
Sales Contact: _____
Accounts Payable Contact: _____

Type of Business: _____
Industry Served: _____
Number of Employees: _____

Bank Reference

Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Phone: _____ Fax: _____
Contact: _____
Account # : _____

Trade References

Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Phone: _____ Fax: _____
Contact: _____

Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Phone: _____ Fax: _____
Contact: _____

Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Phone: _____ Fax: _____
Contact: _____