



# NEW DEALER AND DISTRIBUTOR CREDIT APPLICATION

2070 5TH AVENUE, RONKONKOMA, NY 11779  
TEL: 631-963-5000 FAX: 631-427-6749  
EMAIL: INFO@CARSON.COM

## COMPANY INFORMATION

COMPANY NAME: \_\_\_\_\_

CONTACT & TITLE: \_\_\_\_\_

OWNER NAME (if different than above): \_\_\_\_\_

STORE or DBA NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SHIPPING ADDRESS (if different from billing): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FEDERAL EMPLOYER IDENTIFICATION: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WEBSITE URL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TYPE OF COMPANY:    C CORP    S CORP    NON-PROFIT    PARTNERSHIP    LLC    LLP    SOLE PROPRIETER

TYPE OF BUSINESS:    RETAIL STORE    DISTRIBUTOR    MAIL ORDER    INTERNET    OTHER

**TRADE REFERENCES:** List three active suppliers with whom you have open accounts. If you wish us to bill you now by credit card go to the next page. (Please allow 2-3 weeks for credit research.)

COMPANY NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_