

# ALOHA JUICE COMPANY

PO Box 2086 Clackamas, OR 97015  
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## Business Credit Application

### Name/Address

Name of Business:	Tax I.D. Number		
Address:			
City:	State:	ZIP:	Phone:

### Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/>				
If Division/Subsidiary, Name of Parent Company:	In Business Since:			
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:

### Accounts Payable

Contact Name:	Contact Email:
Billing Address:	
Phone:	Fax:

### Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Email:	Email:	Email:
Account Opened Since:	Account Opened Since:	Account Opened Since:

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE FAX OR EMAIL THE COMPLETED FORM**