

GREEN BAY SEVEN-UP BOTTLING CO., INC.



CREDIT APPLICATION

Please provide ALL of the inform	ation (print or type) in order to a be completed and approved be			
Legal Business Name:	1 11		invoices.	
Street Address		P.O. Box		
City	State		_ Zip Code	
Telephone No. ())		
List Proprietor, Partners, or Corporate Officers (include		nd cell number):		
Name/Title				
Home Address/Phone/Cell				
Name/Title				
Home Address/Phone/Cell				
Type of Business: Corporation Partnership	Sole Proprietorship	_LLC		
Federal Tax ID Number				
Date Present Business Established			-	
Accounts Payable Contact Name/Phone			-	
Three Business References (Company name, address, pl	hone and contact name):			
Bank Reference (Bank name, address, phone and contac	ct name):			
To the best of my knowledge, the above statements are a A) Green Bay Seven Up has my permission to request a				

A) Green Bay Seven Up has my permission to request and obtain credit information from the sources identified above; B) I authorize my bank to release information for this credit verification; and C) I attest to my financial solvency and agree to pay for each purchase according to the terms stated on the invoice. D) Furthermore, I understand that orders will not be shipped if the account is past due

Name (Print)	Title:	
	Date:	
Signature of Proprietor, Partner or Corporate Officer		Revised 2/10/2012

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