



CUSTOM CURB ADAPTERS

CREDIT APPLICATION

Company Name: _____

Corporate Address: _____

City/State/Zip _____

Phone: _____

If multiple locations, please provide additional sheet with location addresses & billing information for each location. If not provided all invoices will be sent to corporate office.

President: _____

Vice President: _____

Tax ID #: _____

D-U-N-S # _____

Accounts Payable Contact: _____

Phone & Fax: _____

Email Address: _____

Preferred invoicing method: EMAIL FAX MAIL

Permission to release credit information to Crystal Distribution Inc to establish account.

Signature: _____

Title: _____

Date: _____

Please return signed completed credit application along with tax exempt form to:

Account Receivable Specialist
763-391-7790 Phone 1-888-234-7701 Toll Free
ar@cdicurbs.com or 763-391-7851 Fax



Bank Information:

Bank Name: _____

Bank Address: _____

Contact Person: _____

Contact Phone & Email: _____

Credit Reference:

Company: _____

Address: _____

Contact Person: _____

Contact Phone & Email: _____

Company: _____

Address: _____

Contact Person: _____

Contact Phone & Email: _____

Company: _____

Address: _____

Contact Person: _____

Contact Phone & Email: _____