

CREDIT APPLICATION

Applicants Legal Business Name

Shipping Address

Billing/Mailing Address

Street Address

City State Zip

City State Zip

Store Phone Office Phone

Phone if Different

Website address

E-mail address

BUSINESS OPERATIONS

Type of ownership: Corporation LLC Individual Owner Partnership
Federal Tax Id Number _____

Type of Operation: Retail Store Retail Chain(# of stores) Wholesale
 Flea Market Kiosk Internet Store

How long has this business been in existence? _____ months/years

How long have you owned this business? _____ years

Please provide 3 trade references, 1 bank reference and a copy of your re-sale certificate with this application. Your application can be faxed to Yomega at 508-677-1599 or send via email to c.sullivan@yomega.com.