

SELECT MARKETING & DISTRIBUTING

CREDIT APPLICATION

Fax to 314-961-3364

Business Name:		
Billing Address:		
Shipping Address:		
Phone:		Fax:
Email:		Website:
Years in Business:	Taxable?	Tax ID # (also please send copy of Resale / Exemption Form)

Trade References

Name	Address	Phone	Fax

Bank Information

Name:
Address:
Phone:
Contact:

We authorize you to verify and obtain credit information of:	
Company Name	
By:	Date:

ST. LOUIS OFFICE: 2817 Breckenridge Ind. Ct., St. Louis, MO 63144 phone: 314-961-3332 | 800-366-0138

KANSAS CITY OFFICE: 400 R. East 10th, N. Kansas City, MO 64116 phone: 816-474-4100 | 866-714-4100

MEMPHIS OFFICE: 3865 Watman, Memphis, TN 38118 phone: 901-433-8337 | 866-803-4001