SENTRO
SUPPLY CHAIN

CREDIT APPLICATION

BUSINESS INFORMATION

Business Name		☐ Corporation	☐ Partnership	☐ Proprietorship

Legal Name (If Different)		Years in Business		D & B No.	

Business Address		Requested Credit Limit	

City / State		Email Invoices To	

Zip		Invoice Preference	☐ Single	☐ Consolidated

Billing Address (If Different)	

City / State	

Zip	

BUSINESS CONTACTS

Contact 1 Manager / Supervisor		Email		Phone		Extension	
Contact 2 Shipping / Receiving		Email		Phone		Extension	
Contact 3 Customer Service		Email		Phone		Extension	
Contact 4 Accounting - A/P		Email		Phone		Extension	

BANK REFERENCE

Bank Name		Account Numbers	
Address		Contact Name	
Phone		Title	

TRADE REFERENCES

Company		Contact		Phone		Email	
Company		Contact		Phone		Email	
Company		Contact		Phone		Email	

PLEASE REFER TO THE ENCLOSED TERMS AND CONDITIONS

I have read and agree to the attached terms and conditions: _____

Authorized Signature

Name & Title		Date	