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 Toll Free: 1-855-738-1117
 Fax: 717-738-7250
 Email: contact@paulbwholesale.com
 Website: www.paulbwholesale.com

Shipping Address:
 50 Woodcorner Rd.
 Lititz, PA 17543

Remit To Address:
 PO Box 300
 Ephrata, PA 17522

CREDIT APPLICATION

Business Name _____

Billing Address:

Street Address _____
 City _____ State _____ Zip _____

Shipping Address:

Street Address: _____
 City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____
 Email Address: _____

Owner _____
 Address _____
 Owner _____
 Address _____

Type of Business _____ Year Established _____

Taxable: Yes No If non-taxable provide tax exemption # _____

Bank Name _____
 Street Address _____
 City _____ State _____ Zip _____ Phone (____) _____

REFERENCES

No credit card or bank references will be accepted. Four **business** references (**places you have a charge account**) are required to complete this application. Please allow 2-3 weeks for processing the application. **Fax numbers** reduce the processing time.

Name _____
 Street _____
 City _____ State _____ Zip _____
 Phone (____) _____ Fax (____) _____ Account # _____

Name _____
 Street _____
 City _____ State _____ Zip _____
 Phone (____) _____ Fax (____) _____ Account # _____

Name _____
 Street _____
 City _____ State _____ Zip _____
 Phone (____) _____ Fax (____) _____ Account # _____

Name _____
 Street _____
 City _____ State _____ Zip _____
 Phone (____) _____ Fax (____) _____ Account # _____

Applicant Signature _____ Date _____

(Your signature authorizes Paul B or one of its subsidiaries to run a credit check.)

Office Use: Date Received: _____