



**APPLICATION FOR CREDIT AND AGREEMENT WITH SUN COUNTRY DISTRIBUTING  
P.O. BOX 370, ENGLEWOOD, CO 80151; 1630 WEST DARTMOUTH, ENGLEWOOD, CO 80110  
PHONE (303) 376-9000 FAX (303) 376-9010**

**APPLICANT INFORMATION**

Business Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Statements (email or fax): \_\_\_\_\_

Street Address (If different from above): \_\_\_\_\_

Owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Resale Tax#: \_\_\_\_\_ State: \_\_\_\_\_ Fed. Tax I.D. #: \_\_\_\_\_

Persons authorized to charge on account: \_\_\_\_\_

**REFERENCES (Trade References Only)**

**Company:** \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Number of years of business relationship: \_\_\_\_\_

**Company:** \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Number of years of business relationship: \_\_\_\_\_

**Company:** \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Number of years of business relationship: \_\_\_\_\_

**Bank (Required):** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Acct. #: \_\_\_\_\_ Date Opened: \_\_\_\_\_