

Green Distributions LLC. 7901 4<sup>th</sup> st. N St. Petersburg, FL 33702

Please send the completed form By Email to:

info@greendusa.com

## **Confidential Credit Application / New Account Information**

General Information										
Legal Name of Organiz										
Trade Name if exists:										
Parent Company (if su	bsidia	ry):								
Federal Tax ID:										
Organization Type:	S	ole Pro	prietorship	Part	nership	Corp	LLC	Governn	nent / Public	
Type of Business:							Year Established:			
Number of Locations:						At Present Location Since:				
Business Address:										
City:					State:			Zip Code:		
Main Phone:					Main Fax:					
Acct. Payable Contact:					Acct. Payable Email:					
Acct. Payable Phone:					Acct. Payable Fax:					
Invoice Mailing Address: Same as Busine			ness .	Address						
Address:	]									
City:					Province:			Zip Code:		
Shipping Address:		Sa	ıme as Busi	ness .	Address	Same	as Invo	ice Mailii	ng Address	
Address:										
City:					Province:			Zip Code:		
Main Phone:					Main Fax:					



 $\begin{array}{c} \text{Green Distributions LLC.} \\ 7901 \ 4^{\text{th}} \ \text{st. N} \\ \text{St. Petersburg, FL } 33702 \end{array}$ 

Officers/Principals Information

Organization Name:

Organization Name:

Contact Name:

Contact Name:

Printed Name:		Title:			
Printed Name:		Title:			
Printed Name:		Title:			
		·	•		
<b>Bank Information</b>					
Bank Name:			Accoun	t #:	
Contact Name:	Phone:			Fax:	
T d. D.6					
Trade References					
Organization Name:			Accour	nt #:	
Contact Name:			Fax:		
Organization Name:			Accour	nt #:	
Contact Name:			Fax:		

Account #:

Account #:

Fax:

Fax: