



BICOASTAL BOOSTERS LLC. CREDIT APPLICATION

(Please complete in full)

Email: jin@bicoastalusa.com

We hereby apply for the extension of credit by your company and submit the following information as a basis for your consideration of our application. You are hereby authorized to investigate this information pertaining to our credit and financial responsibility.

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

A/P CONTACT _____ E-MAIL _____

AFFILIATED WITH OR SUBSIDIARY OF _____

CORPORATION PARTNERSHIP LLC PROPRIETORSHIP

STATE INCORPORATED _____ FEDERAL TAX ID# _____ DUNS# _____

AMOUNT OF CREDIT REQUESTED _____

PRINCIPAL OWNERS OR SHAREHOLDERS:

	NAME	ADDRESS	TITLE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

BANK NAME: _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

CONTACT _____ ACCT NO _____

TRADE CREDIT REFERENCES:

	NAME	ADDRESS	CITY & STATE	PHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

The undersigned acting as the duly authorized agent/representative for the above named company certifies that the information contained on this application is true to the best of his/her knowledge. Further, the undersigned authorizes Bicoastal Boosters LLC, its agents and/or assigns to investigate and inquire of any and all relevant references to verify the accuracy of the information contained on this application or inquire of any other source deemed appropriate for the determination of the applicant company's creditworthiness and business history.

In consideration for extension of credit, applicant agrees to credit terms as specified on our invoice. Should it be necessary to place this account for collection, applicant agrees that Bicoastal Boosters LLC. shall be entitled to recover (in addition to the amount of the debt) all collection costs, attorney fees, and where applicable any interest allowed.

AUTHORIZED SIGNATURE _____ DATE _____

PRINT NAME _____ TITLE _____