



Remit To:
 P.O. Box 4031
 Saint Johnsbury, VT 05819
 802-748-0827 Tel
 802-748-0825 Fax

Application For Credit

COMPANY INFORMATION

Full Legal Name/Business Entity	Phone Number	Fax Number	
Billing Address	City	State	Zip
Company Type:			
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Franchisee <input type="checkbox"/> Corporation Other <input type="checkbox"/>			

BUSINESS CREDIT INFORMATION

Federal Tax I.D. (if incorporated)	Principal business of firm	Year business established
At present location since	If Incorporated: under laws of what state?	
Credit line requested	Is a PO REQUIRED? (Yes or No)	

BANK REFERENCES

Bank Name	Account #	Contact		
Address	City	State	Zip	Phone
Bank Name	Account #	Contact		
Address	City	State	Zip	Phone

CREDIT REFERENCES

Company Name		Contact			Account #
Address	City	State	Zip	Phone	
Company Name		Contact			Account #
Address	City	State	Zip	Phone	
Company Name		Contact			Account #
Address	City	State	Zip	Phone	

By: _____

SIGNED: _____

DATE: _____

By signing this credit application, I authorize PelletsNow, LLC. to request information from the credit reporting agency Experian.com and/or SmartBusinessReports.com

For Office Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
Credit Limit \$ _____	
_____	_____
Approval	Date