

# Vermont Soapworks CREDIT APPLICATION

*Please print this page, fill in the blanks and FAX to 802-388-7471*

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

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

Type of Ownership: \_\_\_\_\_ Year Established \_\_\_\_\_

We would like to establish credit with your company.  
We authorize you to contact the following references:

#### Bank Information

Name of Bank: \_\_\_\_\_

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

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

Account #: \_\_\_\_\_

Please note that Tree of Life and Burt's Bees do not disclose credit information. Please only list companies that you have terms with - we do not accept C.O.D or prepaid accounts when processing credit applications. To make process go faster please provide fax numbers and complete addresses.

#### Trade References

1. Company Name: \_\_\_\_\_ Acct.#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Acct.#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Acct.#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Company Name: \_\_\_\_\_ Acct.#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

VERMONT CUSTOMERS: If applicable, a copy of Vermont Resale and Exempt Organization Certificate of Exemption should be returned with this application.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE**