

Royal River Trading, LLC
exclusive wholesaler of
CUDDLEDOWN[®]

Credit Application

I (We) hereby request that Cuddledown grant the company or person named below a credit account subject to the terms outlined herein.

Applicant

Name/Trade Name: _____

Corporate Name (if applicable): _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Federal Employer ID Number: _____

Dun and Bradstreet Number: _____

Customer Number (Office use only): _____

General Information

Organization Type (Sole Proprietor, Partnership, Corporation): _____

Name of Company Officers/Owners: _____

In Business Since: _____

Number of Employees: _____

Annual Sales: _____

Estimated Annual Purchase: _____

Requested Credit Line: _____

Person in charge of Payables: _____

Name: _____

Telephone Number: _____

Financial Information

Bank Name: _____

Contact Person: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Account Number: _____

Trade Credit Reference

Company: _____

Contact Person: _____

Address: _____

Telephone: _____

Fax Number: _____

Company: _____

Contact Person: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Company: _____

Contact Person: _____

Address: _____

Telephone Number: _____

Fax Number: _____

***Bold questions are required for credit approval.**

****Please fax a copy of your business license or resellers certificate.**

Consent

I (We) hereby authorize Cuddledown to obtain any credit report or other information deemed necessary in connection with establishment and maintenance of a credit account or any other business requirement.

I (We) agree to pay all charges and fees in accordance with the above mentioned payment terms.

Authorized Signature: _____

Name: _____

Position: _____

Authorized Signature: _____

Name: _____

Position: _____