



# CANVAS CORP LLC

3805 Elliot Ave, Springdale, Arkansas 72762

Phone: 479.756.9961 Toll Free: 866.376.9961 Fax: 479.756.1181

## Credit Application

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

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

Principle Owner: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Main Office Address: \_\_\_\_\_

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

Federal ID # \_\_\_\_\_ State Tax ID #: \_\_\_\_\_

<b>Please Define Business:</b>	<input type="checkbox"/> Hardware Store	<input type="checkbox"/> Paint Store	<input type="checkbox"/> Craft Store
<input type="checkbox"/> Design	<input type="checkbox"/> Art	<input type="checkbox"/> Gift	<input type="checkbox"/> Scrapbooking
<input type="checkbox"/> Other:			

<b>Do You Have A Store Front?</b>	Y/N	<b>Do You Sell Via The Internet?</b>	Y/N
<b>Days/Hours of Operation?</b>	_____	<b>Nbr of Stores</b>	_____
<b>Nbr of Years in Business:</b>	_____	<b>Nbr Of Employees:</b>	_____
<b>Years At Present Location:</b>	_____		

Are Written Purchase Orders Required? Y/N

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Shipping/Receiving Information: (For Best Results please indicate special instrustions with each purchase order)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If shipping address(s) are different than the main office address, please attach a list to this form. Please indicate shipping preference with each order if different than main address.*

Terms Preference:  Net 30 (Please submit credit application)  Credit Card  Prepaid Check

Accounts Payable Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Bank References:

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Bank Phone: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Bank Phone: \_\_\_\_\_

Vendor References:

Vendor Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

ACCOUNTS/SALES MANAGER: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_



\_\_\_\_\_

Customer Signature/Date

\_\_\_\_\_

Print Name