



APPLICATION FOR CREDIT

Company Name:

Billing Address:

Shipping Address:

*** PLEASE INCLUDE E-MAIL AND FAX NUMBER FOR EACH REFERENCE**

TRADE REFERENCES:

1

Name:

Contact:

Address:

E-mail:

Fax:

Telephone:

2

Name:

Contact:

Address:

E-mail:

Fax:

Telephone:

3

Name:

Contact:

Address:

E-mail:

Fax:

Telephone:

www.buww.com
info@buww.com

Rockford, IL - USA
Tel.: (815) 962-2899
Fax.: (815) 962-2897

Murrieta, CA - USA
Tel/Fax.: (951) 894-1816

St. Thomas, ON - CANADA
Tel.: (519)765-3899
Fax.: (519)765-3898

Santa Catarina, NL - MEXICO
Tel.: (81) 8388-6688
Fax.: (81) 8388-6677

Sao Jose dos Pinhais, PR - BRAZIL
Tel/Fax.: (41) 3398-0800

***PLEASE FILL OUT THIS FORM
PRINT AND FAX IT TO US.**

**TO PRINT IT JUST RIGHT
CLICK ON**

BANK REFERENCES:

Name of the Bank:

Contact:

Address:

Telephone:

Account Number:

By signing this form, I consent to the release of the above-named company's account information for the purposes of obtaining credit with BUWW Coverings Inc. and accepting payment terms.

Name:

Date:

Title:

X

SIGNATURE

(Must be owner or authorized officer of company)