

Business Name: _____
 Business Trade Name: _____
 Email Address: _____
 Billing Address: _____

 Accounts Payable Contact: _____
 Phone Number: _____
 Fax Number: _____
 Entity Type- circle one: Partnership, Corp, LLC, Sole Proprietorship, Other _____
 DUNS Number: _____
 Federal Tax ID Number: _____

Questionnaire

Credit amount Req: _____
 Years in Business: _____
 Have you ever filed for bankruptcy? _____
 Have you ever done business under a different name? _____

Bank Reference:

Institution Name: _____
 Account Number: _____
 Address: _____

Contact: _____
 Phone Number: _____
 Fax Number: _____

Trade Reference:

Company Name: _____
 Contact Name: _____
 Address: _____
 Email Address: _____
 Phone Number: _____
 Fax Number: _____
 Credit Terms: _____
 Credit Limit: _____
 Current Balance: _____

Trade Reference:

Company Name: _____
 Contact Name: _____
 Address: _____
 Email Address: _____
 Phone Number: _____
 Fax Number: _____
 Credit Terms: _____
 Credit Limit: _____
 Current Balance: _____

Trade Reference:

Company Name: _____
 Contact Name: _____
 Address: _____
 Email Address: _____
 Phone Number: _____
 Fax Number: _____
 Credit Terms: _____
 Credit Limit: _____
 Current Balance: _____

I authorize the above references to release relevant credit information to GoodMart, LLC

Signed: _____ Date: _____
 Print Name: _____
 Title: _____
 Business Name: _____

Please e-mail this to our accounting department at ar@goodmart.com along with your opening Purchase Order.