



Credit Application
Fax or Email completed forms to Two's Company
914 - 449-2412 (FAX)
creditdept@twoscompany.com
500 Saw Mill River Rd, Elmsford, NY 10523

*Cupcakes
&
Cartwheels.*
a division of two's company



<u>COMPANY</u>	<u>ACCOUNTS PAYABLE:</u>
Name: _____	Name: _____
Address: _____	Title: _____
City: _____ ST: _____ Zip: _____	Phone #: _____
Contact: _____	Fax #: _____
Phone #: _____	Email: _____
Fax #: _____	_____

Resale Cert # _____ **Date Established** _____ **Store Type** _____

Type of Business: _____ Corporation _____ Partnership _____ Sole Proprietorship _____ Non-Profit _____ LLC / LLP

Owner/Principal Name: _____ **Net 30** Yes ☐ No ☐ **Credit Card** Yes ☐ No ☐

Home address: _____ **City, State, Zip:** _____

Owners Home Phone: _____

References

Primary Bank Name: _____

Branch Location: _____ **Phone / Fax:** _____

Bank Officer Name: _____ **Account #:** _____

Landlord _____ **Years in this Location:** _____ **Retail Square Feet:** _____

Address: _____ **Phone #:** _____

Supplier Name: _____ **Acct #** _____ **Phone #:** _____

Address: _____ **Fax #:** _____

Supplier Name: _____ **Acct #** _____ **Phone #:** _____

Address: _____ **Fax #:** _____

Supplier Name: _____ **Acct #** _____ **Phone #:** _____

Address: _____ **Fax #:** _____

I hereby authorize the above-named firms, credit reporting agencies, and bank institutions to furnish any information requested by Two's Company Inc and I agree that neither those firms nor their employees shall be liable for any claim as a result of furnishing the requested information.

Application submitted: Name _____ Title _____

Authorized Signature: _____ **Date** _____