



# Rainy Creek Soap Ltd.Co.

PO Box 2843 . Idaho Falls . ID . 83403-2843 . (208) 522-8836 . (866) 722-8836  
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## CREDIT APPLICATION

This statement is made for the sole purpose of establishing a line of credit with Rainy Creek Soap Ltd. Co. and the information given herein is complete and truthful.

### GENERAL ACCOUNT INFORMATION

Firm Name \_\_\_\_\_ Federal I.D. # \_\_\_\_\_

Billing Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Application \_\_\_\_\_ Type of Business \_\_\_\_\_

Year Business was Established \_\_\_\_\_ Years at this address \_\_\_\_\_

Does Sales Tax Apply? \_\_\_\_\_ State Sales Tax Exemption Number: \_\_\_\_\_  
(Please attach copy of certificate)

This account is for a/an Individual\_\_\_\_ Sole Prop.\_\_\_\_ LLC\_\_\_\_ Partnership\_\_\_\_ Corporation\_\_\_\_

Have you ever had or applied for an account with us under a different name? Yes\_\_\_ No\_\_\_

IF YES, what was the account name? \_\_\_\_\_

Have you ever filed for bankruptcy? Yes\_\_\_ No\_\_\_ IF YES, when? (date) \_\_\_\_\_

Where? \_\_\_\_\_ Case # \_\_\_\_\_

### BANKING REFERENCES

Principle Bank Account:

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Check or Save (circle)

Account Name \_\_\_\_\_ Account # \_\_\_\_\_

Secondary Bank Account:

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Check or Save (circle)

Account Name \_\_\_\_\_ Account # \_\_\_\_\_

