



From hat to toe, we've got you covered.

CREDIT APPLICATION

All orders are shipped PREPAID until credit has been approved by Rasta Imposta. All information below must be completed in order to be processed.

Please return this form along with a valid copy of retail certificate.

COMPANY INFORMATION (BILL TO)

Legal Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  Paper Billing  Paperless Billing

AP Contact Name/Number/Email: \_\_\_\_\_

Number of Stores: \_\_\_\_\_ Size of Store: \_\_\_\_\_ Seasonal:  Yes  No

LIST ANY AND ALL COMPANY WEBSITES: \_\_\_\_\_

COMPANY PRINCIPALS

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

BANK INFORMATION

Bank Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

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

**TRADE REFERENCES ON BACK**

## TRADE REFERENCES

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

*For Office Use Only: Terms: \_\_\_\_\_ Approval Date: \_\_\_\_\_ Date Contract Received: \_\_\_\_\_*

FAX APPLICATION TO: (856) 939-5990

EMAIL APPLICATION TO: [DARLENE@RASTAIMPOSTA.COM](mailto:DARLENE@RASTAIMPOSTA.COM)

MAIL APPLICATION TO: P.O. BOX 7 RUNNEMEDE, NJ 08078