

## WHOLESALE APPLICATION FORM 2023 GENERAL INFORMATION

		<b>DATE:</b>	
COMPANY NAME:			
BUSINESS ADDRESS: _			_
CITY:	STATE:	ZIPCODE:	
PHONE NUMBER:	FA	AX NUMBER:	
BUSINESS OWNER'S NA	ME:		
EMAIL ADDRESS:		·	
PERSONAL CONTACT N	NUMBER:		
	REQUEST FOR	CREDIT	
COMPANY NAME:			
PHONE NUMBER:			
BILLING ADDRESS:			
WEBSITE:			

16-01 MCBRIDE AVE. FAIR LAWN. NJ 07410 CONTACT: 862-249-2486, 207-450-3984 WWW.BLACKSTONE-US.COM



## **BANKING INFO**

BANKING NAME:
ADDRESS:
PHONE NUMBER:
ACCOUNT TYPE:
ACCOUNT NUMBER:
ROUTING NUMBER:
ACCOUNT HOLDER'S NAME:
CREDIT AMOUNT REQUESTED:
COMPANY REFERENCE
COMPANY NAME:
COMPANY ADDRESS:
PHONE NUMBER:
EMAIL ADDRESS:

-BLACK STONE LIGHTGING AND FURNITURE INCORPORATED RESERVES THE RIGHT TO APPROVE OR DENY ANY CREDIT APPLICATION.

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