



CREDIT APPLICATION

Fax to 503-328-9330 or

Email to receivables@pomegranate.com

COMPANY NAME _____

Address _____

City _____ State _____ ZIP _____

PRINCIPAL'S NAME _____

Phone _____ Fax _____

ACCOUNTING CONTACT _____

Phone _____ Fax _____

Email _____

BANK INFORMATION

Name / Branch _____

Address _____

Account No. _____ Contact _____

TRADE REFERENCES

1. Company name _____

Address _____

City _____ State _____ ZIP _____

2. Company name _____

Address _____

City _____ State _____ ZIP _____

3. Company name _____

Address _____

City _____ State _____ ZIP _____

Please give complete names, addresses, and telephone and fax numbers. Sorry, but we cannot accept Dun & Bradstreet as a reference. Please allow 2 to 3 weeks for your application to be processed.

California accounts: please supply your resale number.

California resale number _____

Buyer's signature _____

Buyer's name (print) _____

Washington accounts: please fax or email a copy of your reseller permit.