

# WOODSTOCK MARKETING

## CREDIT APPLICATION

Firm name: \_\_\_\_\_  
Principle: \_\_\_\_\_  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Phone \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Circle one: Individual/Partnership/ Corporation Fed. Tax ID no: \_\_\_\_\_  
Date Business Started \_\_\_\_\_  
Person Filling out this Form (print) \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature/Date \_\_\_\_\_ / \_\_\_\_\_

Please list 3 Trade References

Reference#1  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone/Fax \_\_\_\_\_ / \_\_\_\_\_  
Contact \_\_\_\_\_

Reference#2  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone/Fax \_\_\_\_\_ / \_\_\_\_\_  
Contact \_\_\_\_\_

Reference#3  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone/Fax \_\_\_\_\_ / \_\_\_\_\_  
Contact \_\_\_\_\_

Please send with a copy of your Sales Tax resale certificate to:

Credit Department Fax: 203 304 2548 or  
[orders@woodstockmarketing.com](mailto:orders@woodstockmarketing.com)

