



Email: accounting@xaviergroupinc.com

CREDIT APPLICATION

Legal Business Name	Trade Name-DBA		Phone #		
			Fax #		
Billing Address	City		State	Zip Code	
Shipping Address	City		State	Zip Code	
Business Is a: Corporation		-	-	•	
Year Started State					
Web Site Address:		Dun & Brads	street #		
Are You a: □ Subsidiary	☐ Division (if y	yes, check which	1)		
Parent Company Name:	Address				
City:		State: Zip:			
Do you require a purchase order# b	efore we accept an ord	ler?	∃Yes	\Box No	
A/P Contact	A/P Ema	ail			
A/P Phone	Stimated Monthly Purd	chases. \$			
Terms Requested: □COD □ Cre			mit Requeste	ed \$	
Check one: □ Principal	☐ Partner ☐ Proprietor				
Name:					
Home Address:	City:		State: Zip:		
Home Phone:	City: State: Zip: Mobile # Email				
Bank References					
Name	Contact Name		Phone No		
Street Address	City, State, Zip Code		Date Opened		
Type of Account Checking No.	S	aving No		Loan No	
Trade References (Major Supplie	ers)				
1. Name	Contact Name	Phone No.			
Street Address	City, State, Zip Code		Account No.		
2. Name	Contact Name		Phone No.		
Street address	City, State, Zip Code	City, State, Zip Code		Account No.	
3. Name	Contact Name		Phone No.		
Street Address	City, State, Zip Code		Account No.		
You represent you are an authorized representative v true, correct, and complete. You consent to Xavier C agencies and other sources Xavier Group deems app conditions on Xavier Group's invoices and posted or	Group d/b/a XG Formulations obta ropriate in considering this Applic	aining information about	you personally and	d the Applicant from credit reporting	
Signature	Date	Title			