

Billie Jo Retro, LLC.

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Customer Application~

Date

Business Name:

Description:

Buyer Name:

Store Location~City, State, Zip, (Country)

Phone: Fax:

Email:

Web:

Accts Payable Contact:

Bill To:

Federal EIN#:

State Sales Tax/ Resale No.:

Country & State:

Desired Terms of Payment~ CC or Check

CC Acct # XP_____

Other_____

Business Bank~Name, City,State:

Extra Info_____

Signed

By_____Title_____Date_____
