



TED'S BUDZ LLC  
[www.tedsbudz.com](http://www.tedsbudz.com)  
(323) 387-2413  
C11-0000610-LIC

**CREDIT APPLICATION FORM**

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**Company Details**

Legal Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

DCC License Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Website Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business is a:     Corporation     LLC     Partnership     Proprietorship

Year started: \_\_\_\_\_

Secretary of State Entity Registration Number: \_\_\_\_\_

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**Accounts Payable – for product invoicing purposes**

Billing Agent Name: \_\_\_\_\_

Billing Agent Phone Number: \_\_\_\_\_

Billing Agent Email Address: \_\_\_\_\_

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**Owners/Directors**

Name of Licensee: \_\_\_\_\_

Check one:     Principal                       Partner                       Proprietor

Home Address: \_\_\_\_\_

City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of second Owner/Director: \_\_\_\_\_

Check one:     Principal                       Partner                       Proprietor

Home Address: \_\_\_\_\_

City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Bank Reference**

Name Of Financial Institution: \_\_\_\_\_

Contact Person For Accounts: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Accounts: \_\_\_\_\_

Date Opened: \_\_\_\_\_

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**Trade References** (Major Suppliers: such as property manager, power company, another licensed distributor)

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I represent that I am an authorized representative with authority to enter into this agreement, and the information contained in this Application and any attachment is true, correct and complete. I consent to Ted's Budz obtaining information about me personally and the Application, from credit reporting agencies ,and other sources Ted's Budz deems appropriate in considering the Application. If credit is extended, I agree to be bound by all of the terms and conditions on Ted's Budz invoices and website.

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Signature

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Date

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Title

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*For Office Use Only*