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DEALER CREDIT APPLICATION

Company Name: _____

Contact: _____

Address: _____

Phone/Fax: _____

Email: _____

Website: _____

Years in Business: _____

Tax Exempt/Resale Number: _____

BANK REFERENCE

Bank Name: _____

Contact Person: _____

Phone/Email: _____

Account Number: _____

ACCOUNT REFERENCES

1. Business Name: _____

Contact Person: _____

Phone/Email: _____

2. Business Name: _____

Contact Person: _____

Phone/Email: _____

3. Business Name: _____

Contact Person: _____

Phone/Email: _____