

Credit Application

Company Name: _____

Contact Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

GENERAL BUSINESS INFORMATION

Type of Business: _____ Years in Business: _____

Corp. Partnership Other (please circle one) FID or SSN: _____

Tax Exempt? Y / N - If exempt please attach a copy of your exemption certificate.

Accounts Payable Contact: _____ Phone: _____

BANK REFERENCE

Bank Name: _____ Account #: _____

Address: _____ City: _____ Fax: _____ State/Zip: _____

Contact: _____ Phone: _____

COMPANY TRADE REFERENCES

1st Reference: _____ Contact: _____

Address: _____ City: _____ State/Zip: _____

Phone: _____ Fax: _____

2nd Reference: _____ Contact: _____

Address: _____ City: _____ State/Zip: _____

Phone: _____ Fax: _____

3rd Reference: _____ Contact: _____

Address: _____ City: _____ State/Zip: _____

Phone: _____