



Credit Application

Date _____

Firm Name _____

Corporation Proprietorship Partnership LLC

Name of Parent Company (if subsidiary) _____

Mailing address: _____ *Shipping address:* _____

Street _____ Street _____

City _____ City _____

State _____ Zip Code _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Web Site _____ Email _____

Type of Business _____

At present location since (date) _____ Year Established _____

Officers:

Name & Title _____

Name & Title _____

Purchasing contact _____ Email _____

Accounts payable contact _____ Email _____

Former business Name & Address is different from above _____

Amount of monthly credit you are requesting _____ C.O.D Credit Card

Resale tax certificate number _____

How did you hear about us? Trade Magazine _____ Trade Show _____ Other _____

Trade References: (Give only names of those you buy from on open account)

Name _____ Phone _____

Address _____ Fax _____

Name _____ Phone _____

Address _____ Fax _____

Name _____ Phone _____

Address _____ Fax _____

Bank References:

Name _____ Rep. _____ Phone _____

Address _____ Account # _____

Print Name & Title _____ Signed _____

(Authorized person responsible for Accounts Payable)