



APPLICATION FOR CREDIT

Company Name: _____
 Parent Company: _____
 Bill To Address _____
 Ship To Address _____
 City / State / Zip: _____
 Telephone: _____ Fax: _____

Please check one:
 Corporation Partnership Individual Proprietorship

Names / Titles of Owners / Partners: _____

A/P Name: _____ Phone: _____ Email: _____

Type of Business: _____ Date Business Started: _____

Incorporated In State of: _____ Sales Tax Exempt No: _____ (please attach copy of certificate)

D&B Account Number: _____

Annual Sales: _____ Line of Credit Requested: _____

Trade References

Name Address	Name, Address	Name Address
_____	_____	_____
_____	_____	_____
Tele: _____	Tele: _____	Tele: _____
Fax: _____	Fax: _____	Fax: _____

Bank References:

Company Name	City/State / Zip	Account Number	Tele Number
_____	_____	_____	_____
_____	_____	_____	_____

I/We warrant the information shown above to be true. I/We authorize the person to whom this application is submitted to investigate the references herein, statements or other data obtained from me/us or from any other person pertaining to my/our credit and financial responsibility. I/We agree to abide by the invoice payment terms and conditions of 2% 10 Net 30, and further agree to pay a finance charge of 1 1/2% per month (annual rate of 18%) on balances past the due date.

 Printed Name / Title

 Signature

 Date:

For Office Use Only: Credit Approval: _____ Authorized By: _____ Terms: _____
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