

APPLICATION FOR CREDIT

Bill To:
Exact Name
Division or Subsidiary
Address
City
State Zip
Phone No.
Fax No.

Ship To:
Name
Address
City
State Zip
Attn:
Phone No.
Fax No.

GENERAL BUSINESS INFORMATION

Type of Business
D.B.A. Individual Partnership Corporation
Years in Business Year of Inc. State of Inc.

Are you Sales and/or Use Tax Exempt?
Yes-if yes, please insert your certificate no. below
No
Certificate No.

Officer's Name Title

Fed ID #
Accounts Payable Contact Name
Phone No. ext

BANK REFERENCE

Bank Name Officer Handling
City State Zip Phone No.
Checking Acct. No. Savings Acct. No. Other

BUSINESS CREDIT REFERENCE (LIST MINIMUM OF THREE)

Name Address, City, State, Zip Phone/Fax No.
1.
2.
3.
4.

We certify that all the information on this form is correct; and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(signed)
(title) Date 20