

CREDIT APPLICATION



NAME: _____
Address: _____
City, State & Zip Code: _____
Telephone: _____ Fax: _____
Mailing address, if different from above: _____

Kind of Business: _____
At present location since (date) _____ Year established: _____

Please check one: [] Corporation [] Partnership [] Individual [] D/B/A
Names and titles of Officer or Owners:

1. _____ Title: _____
2. _____ Title: _____
3. _____ Title: _____

Bank References:
Principal Depository Bank _____
City _____ State _____ Zip Code _____ Phone _____

Business References (Give only names of those you buy from on Open Account):
1. _____ 2. _____ 3. _____
Phone: _____ Phone: _____ Phone: _____
Fax: _____ Fax: _____ Fax: _____
4. _____ 5. _____ 6. _____
Phone: _____ Phone: _____ Phone: _____
Fax: _____ Fax: _____ Fax: _____

Brief Firm History:
If incorporated, State in which incorporated? _____
Is Company a subsidiary of another Company? [] Yes [] No If yes, please name the other
companies with which affiliated: _____

Has this Company ever filed bankruptcy either individually or an associated Company? [] Yes [] No
If yes, please define: _____

Is your Company sales tax exempt? [] Yes [] No If yes, give Resale No. _____
Please attach a copy of your resale certificate.

The undersigned warrants that all information submitted is true and correct.

Signed: _____
Title: _____ Date: _____