



CREDIT APPLICATION

Date: \_\_\_\_\_

Company Name \_\_\_\_\_

Name/Title of Person Applying \_\_\_\_\_

Billing Address \_\_\_\_\_

Shipping Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Check One:  Corporation  Partnership  Sole Proprietorship

Principal Officers/Owners \_\_\_\_\_

Years In Business \_\_\_\_\_ Federal Tax ID \_\_\_\_\_ Sales/Use Tax Permit No. \_\_\_\_\_

Bank Reference \_\_\_\_\_ Account No. \_\_\_\_\_

BUSINESS REFERENCES: Please list four references, including: addresses, phone, and fax numbers for the listed names. Do not include more than two major suppliers. For a quicker response, please include fax numbers.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_

4. Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_

Normal Payment Terms \_\_\_\_\_ Contact Person for your Account \_\_\_\_\_

\*\*\* If you are exempt from taxes please attach a copy of your Tax Exempt Certificate.

CREDIT APPROVED \_\_\_\_\_ ITEM CLASS \_\_\_\_\_ CREDIT LIMIT \_\_\_\_\_