

Credit Application

BASE

COMPANY INFORMATION

BUSINESS NAME	PHONE	FAX		
BILLING ADDRESS (PO BOX OR STREET)	PHYSICAL ADDRESS			
BILLING CITY, STATE, ZIP	CITY, STATE, ZIP			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> BRANCH OFFICE	<input type="checkbox"/> DIVISION
SUBSIDIARY OF _____				
PRIMARY BUSINESS OR TRADE				
D & B NO.	FEDERAL TAX ID NO.			
OWNER OR OFFICER NAME	TITLE			
OWNER OR OFFICER NAME	TITLE			
OWNER OR OFFICER NAME	TITLE			

BANK AND ACCOUNTING INFORMATION

BANK NAME	BANK PHONE	
ADDRESS	ACCOUNT NO.	
CITY, STATE, ZIP	CONTACT NAME	
PRIMARY CONTACT REGARDING PAYMENTS	PHONE	FAX
SECONDARY CONTACT REGARDING PAYMENTS	PHONE	FAX
INDIVIDUAL WHO MUST APPROVE ORDERS	YES NO <input type="checkbox"/> <input type="checkbox"/> TAX EXEMPT (INCLUDE TAX EXEMPTION CERTIFICATE) <input type="checkbox"/> <input type="checkbox"/> PARTIAL SHIPMENTS ACCEPTED	
INDIVIDUAL WHO MUST APPROVE ORDERS		
ESTIMATED MONTHLY CREDIT REQUIREMENTS		

TRADE REFERENCES

BUSINESS NAME AND CONTACT	PHONE	FAX
1		
BUSINESS NAME AND CONTACT	PHONE	FAX
2		
BUSINESS NAME AND CONTACT	PHONE	FAX
3		
BUSINESS NAME AND CONTACT	PHONE	FAX
4		