

CREDIT APPLICATION

Date : _____

New Account Credit Application

Corporate Name:	_____	Tax Resale:	_____
Contact:	_____	Phone:	_____
Address:	_____	Fax:	_____
City/State:	_____	Zip:	_____
Accounts Payable Contact:	_____	Accounts Payable Phone:	_____
Ship To Name:	_____	Phone:	_____
Contact:	_____	Fax:	_____
Address:	_____		
City/State:	_____	Zip:	_____

Names of Owners or Principal Officers:

1. _____
2. _____
3. _____

Type of business: _____

How long have you been in business: _____

Name of business (if different from above): _____

Terms Requested: _____

Please check one:

Proprietorship

Partnership

Corporation

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Credit References (at least three):

Company:	_____	Company:	_____
Contact:	_____	Contact:	_____
Address:	_____	Address:	_____
City/State/Zip:	_____	City/State/Zip:	_____
Phone:	_____	Phone:	_____

Company:	_____	Company:	_____
Contact:	_____	Contact:	_____
Address:	_____	Address:	_____
City/State/Zip:	_____	City/State/Zip:	_____
Phone:	_____	Phone:	_____

Bank Reference:

Bank Name:	_____	Bank Name:	_____
Contact:	_____	Contact:	_____
Address:	_____	Address:	_____
City/State/Zip:	_____	City/State/Zip:	_____
Phone:	_____	Phone:	_____

Signature: _____ Date: _____