

Credit Application

Business Name: _____

Type Of Business: _____

Mailing Address: _____
Street/P.O. Box City State Zip

Shipping Address: _____
Street/P.O. Box City State Zip

Telephone No.: _____ Fax No.: _____

Email Address: _____ Federal Tax ID: _____

How Long in Business: _____ Other Business Experience: _____

Form of Organization: Corporation Partnership Proprietorship Other _____

Officers/Owners
Name Name
Title Title
Social Security Number Social Security Number

Accounts Payable _____ Requested Credit Amount _____

Persons Authorized To Accept: _____

And/or Purchase Merchandise: _____

Bank Reference: _____
Name of Bank Loan Officer
Address Account Number
City/State/Zip Phone/Fax

Trade Credit Reference: _____
Name Name
Mailing Address Mailing Address
City/State/Zip City/State/Zip
Phone/Fax Phone/Fax

Authorized Signature: _____

Please complete all required information. Incomplete applications will result in a delay in processing. Until approved all orders are COD