

CREDIT APPLICATION

BILLING/SHIPPING INFORMATION

Official Company Name: _____

Bill To: _____ Ship To: (if different) _____

Main Phone: _____ Main Fax: _____ A/P Fax: _____

BUSINESS INFORMATION

Check One: Corporation Partnership Proprietorship Subsidiary of or Division of: _____

Years in Operation: _____ Type of Business: _____

Net Worth: _____

D&B#: _____ Sales Per Year: _____

President/CEO: _____ Treasurer/Controller: _____

VP/Finance: _____ A/P Manager: _____

BANK INFORMATION

Bank: _____ Contact Name: _____

Account No.: _____ Phone: _____

Complete Address: _____

TRADE REFERENCES

Reference 1: _____ Contact: _____

Phone No.: _____ Fax No.: _____

Reference 2: _____ Contact: _____

Phone No.: _____ Fax No.: _____

Reference 3: _____ Contact: _____

Phone No.: _____ Fax No.: _____

CUSTOMER'S AUTHORIZATION TO RELEASE BANK AND TRADE INFORMATION

Attention Bank and Trade References: Please provide information on all accounts listed as well as any loan information. You will be serving our interest best if you provide the information over the phone. Thank you.

I/We hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary.

Prepared by:

Signature _____ Title _____ Date _____

Please provide us with copies of all tax exemption certificates



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