



CREDIT APPLICATION: ALL INVOICES ARE DUE IN FULL IN 30 DAYS

SOLD TO:

LEGAL NAME _____
 DBA _____
 ADDRESS _____
 CITY _____
 STATE _____ ZIP _____
 PHONE () _____ FAX () _____
 Attention _____

BILL TO:

LEGAL NAME _____
 DBA _____
 ADDRESS _____
 CITY _____
 STATE _____ ZIP _____
 PHONE () _____ FAX () _____
 Attention _____

CORPORATION PARTNERSHIP PROPRIETORSHIP
 YEARS IN BUSINESS _____ FEDERAL ID NO. _____

TAXABLE TAX EXEMPT-ATTACH RESALE CERTIFICATE
 CREDIT LIMIT REQUESTED \$ _____

ACCOUNT PAYABLE MANAGER'S OR
 BOOKKEEPER'S NAME _____
 PHONE () _____

PRINCIPALS:
 NAME _____ TITLE _____
 STREET _____
 CITY _____ STATE _____ ZIP _____

TRADE REFERENCES: (INCLUDE AT LEAST ONE MAJOR SUPPLIER- PLEASE SEND FULL ADDRESS AND CONTACT)

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE () _____ CONTACT _____
 FAX () _____

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE () _____ CONTACT _____
 FAX () _____

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE () _____ CONTACT _____
 FAX () _____

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE () _____ CONTACT _____
 FAX () _____

BANK REFERENCES: (PLEASE SEND FULL ADDRESS AND CONTACT NAME)

BANK NAME _____
 CONTACT PERSON _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE () _____
 FAX () _____
 CHECKING ACCOUNT # _____
 SAVINGS ACCOUNT# _____

BANK NAME _____
 BANK OFFICER _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE () _____
 FAX () _____
 CHECKING ACCOUNT # _____
 SAVINGS ACCOUNT# _____

I HEARBY AUTHORIZE RELEASE OF ALL INFORMATION TO PROCESS THIS CREDIT APPLICATION

SIGNATURE _____ TITLE _____ DATE _____