



CREDIT APPLICATION

GENERAL INFORMATION

DATE OF APPLICATION: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

D/B/A _____

Fed Tax I.D. Number _____

Type of Business: _____ How Long in Business? _____

Principal: _____
(NAME) (TITLE) (Address)

Accounts Payable Contact Name & Phone: _____

Accounts Payable E-mail Address: _____

CREDIT INFORMATION

Estimated maximum credit desired per month \$ _____

TRADE REFERENCES (Name suppliers of major products and services)

To expedite your credit application, please ensure that all fields are filled out completely. Please supply account numbers if they will be required to check your reference.

NAME	ADDRESS	FAX NO.

BANK REFERENCES: IMPERATIVE we have an account number to check reference.

(Name) (Address) (Account #) (Contact)

SIGNATURE FOR PERMISSION TO CHECK REFERENCES _____