



APPLICATION FOR CREDIT

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ TAX ID: _____

Type of Business: Corporation Partnership Individual **A/P Email:** _____

Date Started: _____ State Registered: _____ State Incorporated: _____

COMPANY OFFICERS

Name: _____ Address: _____

_____ Title: _____

Name: _____ Address: _____

_____ Title: _____

FINANCIAL INSTITUTION REFERENCE

Bank Name: _____ Address: _____

Bank Officer: _____ Phone: _____ Checking Acct. No. _____

Savings Acct. No. _____ Loan Acct. No. _____

TRADE CREDIT REFERENCES (EMAIL ADDRESSES MUST BE INCLUDED. MISSING INFORMATION WILL DELAY PROCESSING.)

¹ Name: _____ Address: _____

_____ Phone: _____ Email/

Fax: _____ ² Name: _____

Address: _____

_____ Phone: _____ Email/Fax: _____

³ Name: _____ Address: _____

_____ Phone: _____ Email/Fax: _____

Authorized Buyer's Name(s): _____

If purchases are to be Sales Tax Exempt, please include a Sales Tax Exemption Certificate with application.

Signature below verifies that the applicant hereby requests open account status, authorize normal inquiries required to evaluate this request, has read, understands, and accepts the terms and conditions of sale sheet.

Print Name: _____ Officer Signature: _____ Date: _____