



CREDIT APPLICATION

COMPANY NAME: _____ DATE: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BILLING ADDRESS: (IF DIFFERENT) _____

PURCHASING CONTACT: _____ PHONE: _____

OWNER'S NAME: _____

PHONE: _____ FAX: _____

FORM OF OWNERSHIP: _____ YEARS IN BUSINESS: _____

ACCOUNTS PAYABLE CONTACT PERSON: _____

A/P DIRECT PHONE: _____ A/P FAX LINE: _____

A/P E-MAIL: _____

TRADE REFERENCES:

1) NAME, ADDRESS, CONTACT INFO: _____

2) NAME, ADDRESS, CONTACT INFO: _____

3) NAME, ADDRESS, CONTACT INFO: _____

AUTHORIZED SIGNATURE / TITLE: _____