
CREDIT APPLICATION

DATE: _____ TERMS: _____
C.O.D. on first order - Net 30 following

COMPANY & DATE OF ESTABLISHMENT: _____

BILLING ADDRESS: _____

CITY: _____ STATE/ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

BANK: _____ ADDRESS: _____

TRADE REFERENCES: (PLEASE PROVIDE BOTH PHONE AND FAX NUMBERS FOR ALL REFERENCES)

NAME _____ PHONE & FAX _____

ADDRESS _____

NAME _____ PHONE & FAX _____

ADDRESS _____

NAME _____ PHONE & FAX _____

ADDRESS _____

NAME _____ PHONE & FAX _____

ADDRESS _____

AMOUNT OF CREDIT NEEDED _____

TYPE OF BUSINESS _____

TAX ID# IF AVAILABLE _____

SIGNATURE / TITLE _____

PRINT NAME _____