



Credit Application

PLEASE NOTE:

We must have an application on file even if you are requesting CASH terms. All information must be completed.

Company is: Corporation___ Partnership___ Sole Proprietor___ (Please check one)

How long has your company been in business under present ownership? _____

SOLD TO:

Company Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Tel: _____ Fax: _____

SHIP TO:

Company Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Tel: _____ Fax: _____

Federal Tax No: _____

State Resale License No: _____

Complete for Corporations, Partnership or Sole Proprietor

Personal Guarantee: Yes ___ No ___ (Please check one)

Corporation Name: _____

Name of President/Owner: _____ Social Security No.: _____

Home Address: _____

Name of Vice President/Owner #2: _____ Social Security No.: _____

Home Address: _____

BANK REFERENCE:

Bank Name: _____

Bank Address: _____

Bank Account No.: _____ (Checking ___ Savings___)

Have a bankruptcy petition been filed within the last five (5) years or business closed with a loss to creditors? Yes ___ No ___

TRADE REFERENCE:

1. Company Name & Address: _____

Phone No.: _____ Fax No.: _____ Account No.: _____

2. Company Name & Address: _____

Phone No.: _____ Fax No.: _____ Account No.: _____

3. Company Name & Address: _____

Phone No.: _____ Fax No.: _____ Account No.: _____

APPLICANT'S NAME: _____ **TITLE:** _____

AUTHORIZED SIGNATURE: _____ **DATE:** _____