

Application for Credit

Company Name:											
Billing Information:											
Street Address:											
City:					State:				Zip Code:		
Telephone:							Fax:				
Accounts Payable Contact Name:											
Shipping Information:											
Street Address:											
City:					State:				Zip Code:		
Telephone:							Fax:				
How Long in Business?											
Name(s) of Principal/Owner:											
Telephone:							Fax:				
Trade References:											
Supplier Name:											
Street Address:											
City:					State:				Zip Code:		
Telephone:							Fax:				
Supplier Name:											
Street Address:											
City:					State:				Zip Code:		
Telephone:							Fax:				
Supplier Name:											
Street Address:											
City:					State:				Zip Code:		
Telephone:							Fax:				
Bank Reference:											
Bank Name:											
Street Address:											
City:					State:				Zip Code:		
Telephone:							Fax:				
We certify that all the information on this form is correct. We fully understand your credit terms as being Net 30 days and agree to the proper payment in consideration of extended credit.											
Date:						Signature/Title:					

****Please fax a copy of any tax exempt certificates. We must have a certificate on file to deduct any taxes for your company.**