

Company Name Fax Application To: Or Email To:

CREDIT APPLICATION

Legal Business Name	Trade Name-DBA _____ Phone # _____ Fax # _____
Billing Address	City State Zip Code
Shipping Address	City State Zip Code

Business Is a: Corporation LLC Partnership Proprietorship Year Started _____ State of Inc. _____
 Federal I.D.#: _____ Web Site _____
 Address: _____ Dun & Bradstreet # _____

Are You a: Subsidiary Division (if yes, check which)

Parent Company Name: _____ Address _____
 City: _____ State: _____ Zip: _____

Do you require a purchase order# before we accept an order? Yes No A/P Contact _____
 A/P Email _____ A/P _____

Phone _____ Estimated Monthly Purchases. \$ _____

Terms Requested: COD Credit Card Net terms – Credit Limit Requested \$ _____ Check one: Principal Partner Proprietor

Name: _____ Social Security# _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Mobile # _____ Email _____

Bank References

Name	Contact Name Phone No
Street Address	City, State, zip Code Date Opened

Type of Account Checking No _____ Saving No _____ Loan No _____

Trade References (Major Supplies)

1. Name	Contact Name Phone No.
Street Address	City, State, Zip Code Account No.
2. Name	Contact Name Phone No.
Street address	City, State, Zip Code Account No.
3. Name	Contact Name Phone No.
Street Address	City, State, Zip Code Account No.

You represent you are an authorized representative with authority to enter into this agreement and the information contained in this

Application and any attachment is true, correct and complete. You consent to Vendor obtaining information about you personally and the Applicant from credit reporting agencies and other sources Vendor deems appropriate in considering this Application. If credit is extended, you agree to be bound by all of the terms and conditions on Vendor's invoices and posted on Vendor's website.

Signature

Date Title