



Credit Application

Date: _____

Company Information

Sold To Address:		Ship To Address:
Company Name:	_____	_____
Address:	_____	_____
City, State, Zip:	_____	_____
Phone:	_____	Years in Business: _____
Fax:	_____	Resale Tax No.: _____
Buyer Contact:	_____	<small>(Include copy of your resale certificate if applicable)</small>
A/P Contact:	_____	Person Submitting application: _____
A/P Fax:	_____	_____

Bank References * Please note, invoices will be faxed to A/P contact.

Bank Name:	_____	Phone:	_____
Account No.:	_____	Fax:	_____
Bank Officer:	_____		

Trade References

1) Company Name:	_____	Phone:	_____
Address:	_____	Fax:	_____
City, State, Zip:	_____		
Contact Name:	_____		
2) Company Name:	_____	Phone:	_____
Address:	_____	Fax:	_____
City, State, Zip:	_____		
Contact Name:	_____		
3) Company Name:	_____	Phone:	_____
Address:	_____	Fax:	_____
City, State, Zip:	_____		
Contact Name:	_____		

*** Release of credit info. Authorization

Name (print): _____
Signature: _____
Title: _____