

APPLICATION FOR CREDIT

Date: ____/____/____
Company Name: _____
Shipping Address: _____
City, State Zip: _____
Phone: _____ Fax: _____
E-mail: _____
Billing Address: _____
City, State Zip: _____
Credit Contact: _____
Credit Phone: _____ Fax: _____
E-mail: _____
Purchasing Contact: _____
Purchasing Phone: _____ Fax: _____
E-mail: _____
Description of business: _____

Years in business: _____ Corporation ___ Partnership ___ Individual ___
Owners: _____

Business References

- 1.) Name: _____ Acct. # _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
- 2.) Name: _____ Acct. # _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
- 3.) Name: _____ Acct. # _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____

Bank Information

Name: _____ Acct. # _____
Address: _____
City/State/Zip: _____
Contact Person: _____
Phone: _____ Fax: _____

Signature _____

Printed Name _____



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