

CREDIT APPLICATION

Thank you for your interest in doing business with us. All fields are required. Any missing information will delay your application process. If you have any questions, feel free to call our AR department.

Business Name: _____

Billing Address: _____

Ship To Address: _____

Phone: (____) _____ Fax: (____) _____

E-mail Address: _____

I would like to receive copies of my invoices by (check one option): Postal Mail Fax E-mail
If E-mail option is selected, all invoices will be sent to the e-mail address listed above.

BUSINESS INFORMATION

Structure: Corporation LLC Partnership Proprietorship Other _____

Type of Business: _____

Federal Tax ID #: _____ Purchase Order Required? YES NO

Requested Purchase Amount \$ _____

Date Established: _____ Years Under Present Management: _____

Accounts Payable Person: _____ AP Phone: (____) _____

PRINCIPALS/OWNERS (only one person is required)

Name: _____ Title: _____

Home Phone: (____) _____

Home Address: _____

City: _____ State: _____ Zip: _____

BANK REFERENCE

Name & Branch: _____

Phone: (____) _____ Fax: (____) _____ Account #: _____

Bank Officer: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____