

CONFIDENTIAL CREDIT APPLICATION **DATE** _____

COMPANY NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE _____
FAX _____

BILLING ADDRESS _____
(if different from above)
CITY, STATE, ZIP _____
TELEPHONE _____
FAX _____

FORM OF BUSINESS Corporation Proprietorship Partnership
YEAR STARTED _____ TAX EXEMPT Yes No ID NUMBER _____

OWNER, PARTNER, OR PRINCIPAL OFFICER:

NAME _____ TITLE _____
NAME _____ TITLE _____

ACCOUNT PAYABLE CONTACT: _____

TRADE REFERENCES:

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
TELEPHONE _____	TELEPHONE _____
FAX _____	FAX _____

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
TELEPHONE _____	TELEPHONE _____
FAX _____	FAX _____

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
TELEPHONE _____	TELEPHONE _____
FAX _____	FAX _____

BANK REFERENCES:

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE _____
FAX _____
ACCOUNT NUMBER _____

AUTHORIZED SIGNATURE **TITLE** **DATE**