



CREDIT APPLICATION

Company Information

Business (Legal) Name:				
Address:				
City:	State:	Zip:	Phone:	Fax:
Type of Business:			Year Established:	
Legal Form of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC				
Federal Tax ID #:			Website:	
Owners/Officers				
Name:			Name:	
Title:			Title:	
Accounts Payable Contact:				
Name:			Email:	
Title:			Phone:	

Bank References

Authorized Users To Place Orders

Bank Name:	Name:
Address:	Phone:
City, State Zip:	Name:
Contact:	Phone:
Phone:	Name:
Account #:	Phone:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan	

Trade References

Company Name:	Company Name:
Address:	Address:
City, State Zip:	City, State Zip:
Contact:	Contact:
Phone:	Phone:
Account Since:	Account Since:
Credit Limit:	Credit Limit:

As an owner or officer of the company listed above, I hereby warranty and represent that the information provided is accurate and correct, that I have authority to execute this document, and that the company agrees to be bound by the terms and conditions of sale set forth in the sales contract(s). Furthermore, I hereby authorize the references listed above to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Owner/Officer of Company

Credit Card Information

Signature:	Name on Card:
Name:	Credit Card Number:
Title:	Exp Date:
Date:	Security (CCV) Code: