



Confidential Credit Application

GENERAL COMPANY INFORMATION

Company Name: _____

Bill to Address: _____

City/State/Zip: _____

Ship to Address: _____

City/State/Zip: _____

Phone/Fax #: _____ / _____

AP Contact Name: _____ AP Contact Phone _____

AP Contact E-mail Address: _____

Invoice Submission: Mail or Email? If email please provide email address below

Business Type: ___ Corporation ___ Partnership ___ Proprietorship ___ Other ___

Kind of Business: _____

Years in Business: _____ Credit Limit Requested \$ _____

Are your purchases Taxable: ___ Yes ___ No (IF please provide Resale Sales tax Certificate)

TRADE REFERENCES

1) Name: _____ A/R Contact: _____
Address: _____ Phone #: _____
City/State/Zip: _____ Fax #: _____
Account #: _____ E-mail: _____

2) Name: _____ A/R Contact: _____
Address: _____ Phone #: _____
City/State/Zip: _____ Fax #: _____
Account #: _____ E-mail: _____

3) Name: _____ A/R Contact: _____
Address: _____ Phone #: _____
City/State/Zip: _____ Fax #: _____
Account #: _____ E-mail: _____

4) Name: _____ A/R Contact: _____
Address: _____ Phone #: _____
City/State/Zip: _____ Fax #: _____
Account #: _____ E-mail: _____