



CREDIT APPLICATION

NAME OF COMPANY _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

FAX _____

SHIPPING ADDRESS _____

ACCOUNTS PAYABLE CONTACT _____

EMPLOYER I.D. # (EIN) _____

CORP. _____ PARTNERSHIP _____ SOLE PROPRIETOR _____

TYPE OF BUSINESS _____

NAMES(S) OF PRINCIPALS _____

BANK _____ **ACCOUNT#** _____

ADDRESS _____

CONTACT _____ PHONE _____

EMAIL _____

TRADE REFERENCES:

CO. NAME _____ CO. NAME _____

ADDRESS _____ ADDRESS _____

PHONE# _____ FAX # _____ PHONE # _____ FAX # _____

EMAIL _____ EMAIL _____

CO. NAME _____ CO. NAME _____

ADDRESS _____ ADDRESS _____

PHONE # _____ FAX # _____ PHONE # _____ FAX # _____

EMAIL _____ EMAIL _____

I (we) request an open account and I (we) agree to make payment according to the terms extended per each invoice and understand that a reasonable attorney's fee will be charged on any account processed for collection. I (we) hereby authorize the above named bank and trade references to release requested credit information to the seller and understand that credit will not be extended without the requested information as stated above.

SIGNATURE _____ TITLE _____ DATE _____