



CREDIT APPLICATION

COMPANY NAME: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____
ZIP: _____

ACCT'S PAYABLE / CONTACT PERSON: _____
TELEPHONE: (____) _____

SHIPPING ADDRESS: _____ CITY: _____ STATE: _____
ZIP: _____

TELEPHONE: (____) _____ FAX NO.: (____) _____

E-MAIL
ADDRESS: _____

TYPE OF BUSINESS: PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION

IF PARTNERSHIP,
PRINCIPLES

CONTROLLER: _____ BUYER: _____

IF CORPORATION,
OFFICER'S NAMES

PRESIDENT: _____ VICE PRESIDENT: _____

DATE BUSINESS ESTABLISHED: _____ YEARS AT PRESENT LOCATION:

NO. OF EMPLOYEES: _____

IF ANY BANKRUPTCY, PLEASE PROVIDE DATES: _____

DO YOU PURCHASE OUR PRODUCTS FOR RESALE? YES _____ NO _____

RESALE TAX #: _____ STATE: _____

BANKING REFERENCE:

BANK NAME: _____ TELEPHONE: (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____ ACCOUNT
NUMBER: _____

TRADE REFERENCES:(MINIMUM OF 3) NOTE: PLEASE DO NOT LIST UTILITIES, RENT OR MATERIAL SUPPLIERS.

(1) NAME: _____ TELEPHONE:(____) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

(2) NAME: _____ TELEPHONE:(____) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

(3) NAME: _____ TELEPHONE:(____) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

(4) NAME: _____ TELEPHONE:(____) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

This business credit application may be denied if your company has been in business less than three years or your credit references, payment history, or financial records indicate any potential difficulty in meeting our payment policy.

Authorized Signature - Financial Officer

Printed Name

Title

Date