



CREDIT APPLICATION

FOR OFFICE USE ONLY

Credit Terms	Resale Code
Credit Limit	Approved By
First Shipment Due Date	Date
Tax Code	Amount \$

Bill To Address:

Business Name	Accounts Payable Contact Person
Address	Phone Number
City State Zip	Fax Number

Business Facts: PROPRIETORSHIP PARTNERSHIP CORPORATION OTHER _____

Number Of Years In Business: _____ Federal Tax ID Number: _____ Sub-Division Of: _____ P.O. Numbers? Yes No

List below the names and addresses of the individual owner(s), partners, officers, and/or principals.

Name	Title	Name	Title
Address		Address	
City	State	Zip	City State Zip

Banking Information:

Bank Name	Bank Officer Name
Address	Checking Account Number
City State Zip	Savings Account Number
Phone Number	Fax Number
Loan Number	Type Of Loan

Trade References — Open Accounts:

Name	Phone Number	Fax Number
Address	City	State Zip
Name	Phone Number	Fax Number
Address	City	State Zip
Name	Phone Number	Fax Number
Address	City	State Zip

Customer Signature

Customer Credit Limit Requested _____

Date	Signed By	Title
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