



Credit Application

Business Name _____

Billing Address _____

Physical Address _____

(Required) _____

Telephone Number _____ Fax Number _____

Accounts Payable Contact _____ Telephone Number _____

Type of Ownership: _____ Corporation _____ Partnership _____ Limited Partnership

_____ Limited Liability Co. _____ Sole Proprietor _____ Other

Type of Business: _____ Date Started ___/___/___ Federal ID # _____

Owners and/or Officers:

Name _____ Title _____

Name _____ Title _____

Bank Reference:

Name _____ Telephone Number _____

Address _____ Checking Account # _____

_____ Savings Account # _____

Trade References (3 Required):

Company Address Phone Fax-very important

1. _____

2. _____

3. _____

Signature _____ Date ___/___/___

Very Important