

CREDIT APPLICATION

Thank you for requesting to open an account with us.

The following data is requested in order to establish Credit Accommodations for your Company.

Firm Name _____

Address _____

City _____ State _____ Zip _____

Telephone () _____

Fax () _____

Type of Business _____

Tax Exempt no yes # _____

If yes, complete exemption certificate

List Home Office Address (if different from above) _____

Telephone () _____

If this is a Subsidiary or Division - Indicate Name and Address of Parent Corporation

City _____ State _____ Zip _____

Telephone () _____

Billing Address (if different from above)

City _____ State _____ Zip _____

Telephone () _____

TRADE REFERENCES (Name, Address, Telephone Number, and Name of Person to Contact)

1. _____

Telephone () _____

3. _____

Telephone () _____

Name and Titles of Officers or Principals

Date Firm Established Mo. _____ Year _____

Dun & Bradstreet Rating _____

Bank Reference _____

Address _____

Name of Bank Official _____

Telephone () _____

Account No. _____

Approximate Amount of Credit desired

\$ _____

2. _____

Telephone () _____

4. _____

Telephone () _____

This form completed by:

Name _____

Title _____

Salesperson's Name _____