



CREDIT APPLICATION

Date: _____

Company Name: _____

Parent Co: _____

Street Address: _____

City _____ State: _____ Zip: _____

Phone: _____ Fax: _____

The following information is submitted for your consideration as basis of extension of Credit to us:

We operate: _____ We have been established _____ years.
(type of business)

Our Legal entity is: Corporation Individual Partnership

If a corporation, list names of officers & titles. If other entity list names of partners or owners.

<u>Name</u>	<u>Title</u>	<u>Address</u>

Annual Sales Volume: _____ Credit Desired: _____

Primary Bank Reference: _____

Account Offices: _____

Address: _____

Account#: _____ Telephone: _____ Fax: _____



TRADE REFERENCES: (three required)

Name: _____

Street: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Name: _____

Street: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Name: _____

Street: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Bank and Trade references may reply upon my signature as authorization to release standard credit information.

Authorized Signature: _____ Title: _____

Company: _____

Customer approved for \$ _____ credit. Payment terms are _____

Approved By: _____ Date: _____