

CREDIT APPLICATION

COMPANY NAME		YEAR BUSINESS STARTED	
PHYSICAL ADDRESS		OWNER/PRESIDENT NAME	
MAILING ADDRESS		ACCOUNTING NAME	
CITY, STATE, ZIP		ACCOUNTING eMAIL	
TELEPHONE #		COMPANY WEBSITE	
FACSIMILE #		EMERGENCY CONTACT	
TOLL FREE #		EMERGENCY #	
PRIMARY eMAIL		TAX ID NO	

TRADE REFERENCES (3 REQUIRED)

COMPANY NAME			
CONTACT NAME			
CITY, STATE			
PHONE NO			
eMAIL			
TYPE OF TRADE			
ACCOUNT OPENED			
BALANCE (YES/NO)			

INTENDED USE OF CREDIT REQUESTED

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

APPLICANTS NAME		DATE	
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