



CREDIT APPLICATION

It is agreed that if credit is issued, we will adhere to your terms of payment. We also understand that any unpaid account that is past due may be subject to a monthly service charge.

Company Name _____ Yr. Established _____ Yr. at Present Location _____
Physical Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Tax I.D. #: _____
Purchasing Agent Name _____ Phone _____
Accounts Payable Name _____ Phone _____
Description of Business _____ Legal Structure: _____
Number of Employees _____ Parent Corporation _____

Owner Information

Owner #1: _____ Title: _____ % Stock: _____ Soc. Sec. Num.: _____
Owner #2: _____ Title: _____ % Stock: _____ Soc. Sec. Num.: _____
Owner #3: _____ Title: _____ % Stock: _____ Soc. Sec. Num.: _____

Trade Reference

Firm Name _____ Contact _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Credit High? _____
Service They Perform for You? _____ Years You Have Been Purchasing From Them? _____

Firm Name _____ Contact _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Credit High? _____
Service They Perform for You? _____ Years You Have Been Purchasing From Them? _____

Firm Name _____ Contact _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Credit High? _____
Service They Perform for You? _____ Years You Have Been Purchasing From Them? _____

BANK REFERENCES

Name of Bank _____

Address _____

City _____ State _____ Zip _____

Account # _____ Contact _____ Phone _____

We hereby authorize release of credit information
by the above source:

Signed _____

Title _____

Date _____

IF TAX EXEMPT, RESALE CERTIFICATE REQUIRED