



Customer Credit Application

Date: mm/dd/yy Anticipated Annual Purchases: \$ Requested Credit Limit: \$

Tax Exempt? [] Yes [] No, If no, please include Tax Exemption Certificate (Certificate #)

Are Purchase Orders used to place orders? [] Yes [] No, If no, how are orders placed?

Business Information

Company Legal Name:

Trade Name - d/b/a: D&B #

Billing Address: Shipping Address:

Type of Ownership: [] "C" Corporation [] "S" Corporation [] Limited Liability

[] Private [] Publicly Held [] Non-Profit [] Sole Proprietor

Type of Business: [] Manufacturer [] Dealer / Distributor [] Marketing Rep

[] Other:

Incorporation: State: Year: Tax Payer ID#

Contact Information

Ph #: () -

Fax #: () -

Principals / Owners:

Key Contacts:

President: Purchasing:

Vice President: Accounts Payable:

Secretary: Controller:

Treasurer: Shipping / Receiving:

Bank Reference

Bank Name: _____ Account #: _____
Address: _____ Representative: _____
City, State, Zip: _____, _____
Ph #: (____) _____ - _____ Fx #: (____) _____ - _____

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Trade References

(1) Name: _____ Account #: _____
Address: _____ Representative: _____
City, State, Zip: _____, _____
Ph #: (____) _____ - _____ Fx #: (____) _____ - _____

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(2) Name: _____ Account #: _____
Address: _____ Representative: _____
City, State, Zip: _____, _____
Ph #: (____) _____ - _____ Fx #: (____) _____ - _____

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(3) Name: _____ Account #: _____
Address: _____ Representative: _____
City, State, Zip: _____, _____
Ph #: (____) _____ - _____ Fx #: (____) _____ - _____

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Certification

By signing below, you certify that the information provided above is true and correct to the best of your knowledge. You further authorize us to contact your credit references and solicit a credit report on your company.

Signed by: _____ Title: _____ Date: ____/____/____