

CREDIT APPLICATION

Company Name _____

Shipping
Address _____ City _____ State _____ Zip _____

Billing
Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____

Accounts Payable Contact _____

Type of Organization: Corporation _____ Partnership _____ Individual _____

If Corporation, Date and State of Incorporation _____

Number of Years in Business _____ Type of Business _____

Owners and/or Officers _____

REFERENCES:

Bank _____ Address _____

Bank Officer Name and Phone # _____

Name of Creditor Address Contact

1. _____

Phone: _____ Fax: _____

2. _____

Phone: _____ Fax: _____

3. _____

Phone: _____ Fax: _____

Signature _____ Title _____ Date _____

YOUR SIGNATURE ABOVE MEANS AGREEMENT TO OUR TERMS NET 30 DAYS. A FINANCE CHARGE OF 1.5% PER MONTH (18% PER ANNUM) WILL BE CHARGED ON ALL PAST DUE ACCOUNTS.