



4515 East 139th Street Grandview, MO 64030 800-362-9055 fax 800-362-1463 www.PRIER.com

Application for Credit

Date: _____

Company Name: _____

Billing Address: _____

Shipping Address
(if different) _____

Phone Number: _____ Fax: _____

Authorized Buyers: _____

Bank Reference: _____

Contact: _____ Phone: _____

Trade References: (1) _____
(4 required)

Phone: _____ Fax: _____

(2) _____

Phone: _____ Fax: _____

(3) _____

Phone: _____ Fax: _____

(4) _____

Phone: _____ Fax: _____

Have you faxed us your Sales Tax Exemption Form (required before shipment)? (yes) (no)

Does your company require purchase orders for each order? (yes) (no)

Kindly provide the following information:

Number of stores: _____

Annual sales \$: _____

“A trusted name for quality and service since 1881”