

**CREDIT APPLICATION**

Company Name Date: \_ Billing Address -----------------------------

Billing City -----------State Zip \_

Shipping Address ---------------------------- Shipping City State Zip \_

Phone -------------Fax -----------------

 Corporation Proprietorship Subsidiary Division Name of Parent Company Line/Type of Business. \_ Principals Name & Title --------- A/P Contact \_

Federal ID# D&B # Years in Business \_ Tax Exempt State & Number Required : State Number \_

Bank Reference:

Bank Name Account # \_ Address Phone # \_

City, State, Zip Fax # \_

Contact ------------- Trade References (3 required)

Name Phone# \_

City, State, Zip Fax # \_

Name Phone# \_

City, State, Zip Fax# \_

Name Phone# ----------------

City, State, Zip Fax# \_