

CREDIT APPLICATION

Company Name _____

Street Address _____ Phone _____

_____ Fax _____

Type of Ownership _____ Corporation _____ Partnership _____ Individual

Principal Owner(s): _____

Are products purchased for Resale? _____ Yes _____ No Federal I.D. # _____

Bank Information

Name _____ Contact _____

Address _____ Amount # _____

City, State, Zip _____ Account # _____

Business References where credit now extended:

Name _____

Address _____

Phone _____ FAX _____

Contact _____

Name _____

Address _____

Phone _____ FAX _____

Contact _____

Name _____

Address _____

Phone _____ FAX _____

Contact _____

Name _____

Address _____

Phone _____ FAX _____

Contact _____

Our firm is financially able to meet any commitment we make; and we the undersigned agree to pay all invoices according to your specified terms.

Principals Only _____ SIGNATURE _____ SIGNATURE _____

Date _____ TITLE _____ TITLE _____