



CREDIT APPLICATION

Company Information

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Number of Employees: _____ In Business since: _____ Tax ID: _____

Business Type: Corporation: Partnership: Proprietorship:

Company Principals Responsible for Business Transactions

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Bank References

Name of Bank: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Credit Department Fax: _____ Account Number: _____

Trade References

To complete for, you must provide four.

Company: _____ Contact: _____ Phone: _____ Fax: _____

Company: _____ Contact: _____ Phone: _____ Fax: _____

Company: _____ Contact: _____ Phone: _____ Fax: _____

Company: _____ Contact: _____ Phone: _____ Fax: _____

Company: _____ Contact: _____ Phone: _____ Fax: _____



CREDIT APPLICATION CONTINUED

Release of Information

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

I hereby certify that the information in this credit application is correct. The information included in this credit application is to be used to determine the amount and conditions of credit to be extended. I understand that the other sources of credit considered necessary in making the determination may also be used. Further, I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist in establishing a line of credit.

Signature: _____ Print: _____ Title: _____ Date: _____