

CREDIT APPLICATION

Legal Business Name		Phone # _____
		Fax # _____
Billing Address	City	State Zip Code
Shipping Address	City	State Zip Code

Business Is a: Corporation LLC Partnership Proprietorship
 Year Started _____ State of Inc. _____ Federal I.D.#: _____
 Web Site Address: _____

Are You a: Subsidiary Division (if yes, check which)
 Parent Company Name: _____ Address _____
 City: _____ State: _____ Zip: _____
 A/P Contact _____ A/P Email _____
 A/P Phone _____ Estimated Monthly Purchases \$ _____
 Terms Requested: COD Credit Card Net terms – Credit Limit Requested \$ _____

Check one: Principal Partner Proprietor
 Name: _____ Social Security# _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Mobile # _____ Email _____

Bank References

Name	Contact Name	Phone No
Street Address	City, State, zip Code	Date Opened

Type of Account Checking No _____ Saving No _____ Loan No _____

Trade References (Major Supplies)

1. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.
2. Name	Contact Name	Phone No.
Street address	City, State, Zip Code	Account No.
3. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.

You represent you are an authorized representative with authority to enter into this agreement and the information contained in this Application and any attachment is true, correct and complete. You consent to Vendor obtaining information about you personally and the Applicant from credit reporting agencies and other sources Vendor deems appropriate in considering this Application. If credit is extended, you agree to be bound by all of the terms and conditions on Vendor’s invoices and posted on Vendor’s website.

Signature _____

Date _____

Title _____