



CREDIT APPLICATION

Company: _____ **Name:** _____
Address: _____ **Bldg/Suite#:** _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone #: _____ **Fax #:** _____ **E-mail:** _____
Years at this address: _____ **Previous address (if any):** _____

The following information must be provided, it will be held in the strictest of confidence

Ownership: Corporation Partnership Individual Incorporated within past 12 months

Name(s) of Principle(s): _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Telephone: _____ **Email:** _____

Type of Business: _____

Financial Information:
Bank Name: _____ **Address:** _____
City: _____ **State:** _____ **Zip:** _____ **Telephone:** _____ **Ext:** _____
Bank Officer: _____ **Email:** _____

References: (Please provide Business Name, Address, Telephone, Fax, and Email)

1. _____ Business Name	Address _____	2. _____ Business Name	Address _____
Telephone _____	Fax _____	Telephone _____	Fax _____
Email _____		Email _____	
3. _____ Business Name	Address _____	4. _____ Business Name	Address _____
Telephone _____	Fax _____	Telephone _____	Fax _____
Email _____		Email _____	

All Sales COD pending credit approval. Please allow up to ten (10) working days to process the application. Terms: Net 30

We certify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Print Name: _____ **Title:** _____
Signature: _____ **Date:** _____