

CREDIT APPLICATION

BUSINESS INFORMATION:

Full Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Business Type: _____

Business Start Date: _____

FEIN: _____

Sales Contact: _____ Accounting Contact: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Email: _____ Email: _____

Payment Terms: _____

Invoice Preference: Mail Check Fax Check Email Check

BANKING INFORMATION:

Bank Name: _____

Location: _____

Phone: _____

CREDIT REFERENCES:

Name: _____ Phone: _____

Address: _____ Fax: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

Signature: _____

Title: _____ Date: _____