

Confidential Credit Application

Billing Address:		Shipping Address:	
Company Name:		Company Name:	
Address:		Address:	
City/State or Country/Zip	County	City/State or Country/Zip	County
Accounts Payable Supervisor: (Name, Phone, Fax, Email)			
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Division <input type="checkbox"/> Subsidiary			Federal Tax I.D.
If division or subsidiary, name parent company:		Principal Officers / Partners / Owners & Title:	
		1. _____	
Number of Employees:		2. _____	
Date business was established / incorporated:		3. _____	
Description of business:			
Amount of credit requested:		Taxable: <input type="checkbox"/> Yes <input type="checkbox"/> No Tax Exempt #:	
		*Please attach exemption certificate.	

Reference Information:

Bank:		Contact:		Account #:		
Bank Address:		City/State/Zip		Phone: ()		
				Fax: ()		
Trade References	Mailing Address	City	State	Zip	Telephone	Fax
1.					() -	() -
2.					() -	() -
3.					() -	() -

* The information in this application is for the purpose of obtaining credit and is represented by the applicant to be true and correct.

Signature: _____ Title: _____ Date: _____