

Credit Application

Date					
Company					
Address					
City		State		Zip	
Phone		Fax			

Type of Organization () Corporation
() Proprietorship
() Partnership

EIN #	
D & B #	

Billing Address

Shipping Address

Accounts Payable Contact	
Accounts Payable Phone	
Accounts Payable Email	

Purchasing Contact	
Purchasing Phone	

Tax Exempt	
If Yes please attach Blanket Certificate	

Type of Business	
How Long in Business	Number of Employees

Banking Reference

Financial Institution	
Address	
City, State, Zip	
Phone	
Fax	
Contact	
Account #	

Trade References

Company	
Address	
City, State, Zip	
Phone	
Fax	
Contact	
Account #	

Company	
Address	
City, State, Zip	
Phone	
Fax	
Contact	
Account #	

Company	
Address	
City, State, Zip	
Phone	
Fax	
Contact	
Account #	

Please forward a copy of your latest Financial Statements. Financial Statements will be held in confidence.

Payment Terms are Net 30 Days.

We certify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in considerations of extended credit. **Your signature gives us the authorization to obtain credit information from any of the above bank and/or trade references.**

Officer's Signature	
Title	
Date	