



**CREDIT APPLICATION**

Date:

Credit Limit Requested: \$

**COMPANY INFORMATION**

Name:  Phone#:

DBA(If different):  Fax#:

E-Mail:

Address:  State  Zip Code

Type of Company:  
Corporation  Partnership  Sole Proprietor

Resale Permit #:  Federal Tax ID# or Social Security Number:

Limited Liability Co.  How long in Business:  Under current name:

State where incorporated:  Other Specify:

**OWNERSHIP INFORMATION**

Please complete the below information fo all officers, partners, members and owners.  
Please attach a separate sheet of paper if more space is required.

TITLE	NAME	OWNERSHIP OR STOCK %

**MORTGAGE HOLDER / LANDLORD INFORMATION**

Do you rent or own premises that the business occupies?  Years at Location:

Mortgage Holder / Landlord Name:  Contact Person:

Address:  Phone Number:

**BANK REFERENCE**

Name of Bank:  Contact Name:

Bank Address:  Phone#:

Fax#:

Account # :  Type of Account:

(While processing your application would you prepay shipment?)

Yes / No (Please circle one)



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**TRADE REFERENCES**

Please list four significant business relationships:

NAME	ADDRESS	PHONE# / FAX#	CONTACT

1) Has the company or any officer, partner, member, or owner ever filed for bankruptcy?

Yes / No (circle one) If yes, attach detail.

2) Has your company or any company that any officer, partner, member or owner been associated with as an officer, partner, member, or owner ever had credit with us before? Yes / No (Circle one)

If yes, under what name:

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to creditor's terms of sale of NET 30, I also agree and accept that the credit limit and credit terms maybe changed or withdrawn at the sole discretion of the creditor.

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The applicant authorizes creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to provide creditor with complete information for the purpose of credit evaluation.

Signature:

Title:

Date:

Print Name:

Company Name:

Please mail or fax your complete credit application to the above address or fax number