



Credit Application

Firm Legal Name: _____ Trade Name: _____

Street Address: _____ Mailing Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone: _____ FAX: _____

Is business a: Corporation Partnership Individual

Date business started: _____

Full name of Owner/Officer (list home address and phone number for partnership or individual)

Tax Exempt: Yes No Please submit exemption certificate with application.

Credit References: (Complete address and Phone numbers required)

Banks

Name: _____ Name: _____

Address: _____ Address: _____

City/st/Zip: _____ City/st/Zip: _____

Phone: _____ Phone: _____

Account#: _____ Account#: _____

Contact: _____ Contact: _____

Suppliers

Name: _____ Name: _____

Address: _____ Address: _____

City/st/Zip: _____ City/st/Zip: _____

Phone: _____ Phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

City/st/Zip: _____ City/st/Zip: _____

Phone: _____ Phone: _____

Signature below verifies that the applicant hereby requests open account status, authorizes normal inquiries needed to evaluate this request. We certify that all information on this form is correct. We agree to the terms and conditions granted by the seller's credit department.

Signature: _____ Title: _____ Date: _____