



**CREDIT APPLICATION**

**Bill to address:**

Business Name: \_\_\_\_\_

A/P Contact: \_\_\_\_\_

Number & Street

City, State & Zip Code

Accounts Payable Telephone Number

Accounts Payable Fax Number

**Ship to address:**

Number & Street

City, State & Zip Code

Telephone Number

Fax Number

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Order Amount: \_\_\_\_\_

Urgency: \_\_\_\_\_

**Business Entity:**

\_\_\_\_\_ Sole Proprietor

\_\_\_\_\_ Partnership

\_\_\_\_\_ Corporation

Subsidiary of: \_\_\_\_\_

Year Business Established: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Credit Amount Seeking: \_\_\_\_\_

**Owner/Company Officers**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**TRADE REFERENCES: (Please complete all information for 3 major suppliers)**

1. \_\_\_\_\_  
Name Address Zip Code

Account # Telephone Number Fax Number Contact Name

2. \_\_\_\_\_  
Name Address Zip Code

Account # Telephone Number Fax Number Contact Name

3. \_\_\_\_\_  
Name Address Zip Code

Account # Telephone Number Fax Number Contact Name

**TAX STATUS:** \_\_\_\_\_ Taxable \_\_\_\_\_ Tax Exempt-Resale #: \_\_\_\_\_

(Attach Exempt Certificate)

