

APPLICATION FOR CREDIT

Business Name _____

Contact _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Street Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

Special Shipping Instructions _____

COMPANY INFORMATIONType of ownership: Proprietorship Partnership Corporation

If franchise, name and store identification number _____ # _____

How long in business under present owner _____ Number of Employees _____

Rated in Dun & Bradstreet: Yes # _____ No Unknown Sales Tax: Yes No Resale # _____ State _____

Reason _____

BANK REFERENCE

Bank Name _____

Address _____

Telephone _____ Account Number _____

Contact _____ Title _____

TRADE REFERENCES (NOT CREDIT CARDS)**(Be sure to include FAX Number-Very important)**

Name _____ FAX Number _____

Address _____

Telephone _____ Contact _____

Name _____ FAX Number _____

Address _____

Telephone _____ Contact _____

Name _____ FAX Number _____

Address _____

Telephone _____ Contact _____

Date _____ Signature _____

Print/Type Name and Title _____