

Customer Credit Application

Date: ____/____/____ Anticipated Annual Purchases: \$_____ Requested Credit Limit: \$_____
mm dd yy

Tax Exempt? Yes No, If yes, please include Tax Exemption Certificate (Certificate #_____)

Are Purchase Orders used to place orders? Yes No, If no, how are orders placed? _____

Business Information

Company Legal Name: _____

Trade Name - d/b/a: _____ D&B # _____

Billing Address: _____ Shipping Address: _____

Type of Ownership: "C" Corporation "S" Corporation Limited Liability

Private Publicly Held Non-Profit Sole Proprietor

Type of Business: Manufacturer Dealer / Distributor Marketing Rep

Other: _____

Incorporation: State: _____ Year: _____ Tax Payer ID# _____

Contact Information

Ph #: (____) ____-_____

Fax #: (____) ____-_____

Principals / Owners:

Key Contacts:

President: _____ Purchasing: _____

Vice President: _____ Accounts Payable: _____

Secretary: _____ Controller: _____

Treasurer: _____ Shipping / Receiving: _____

Bank Reference

Bank Name: _____ Account #: _____

Address: _____ Representative: _____

City, State, Zip: _____, _____

Ph #: (____) ____ - _____

Fx #: (____) ____ - _____

=====

Trade References

(1) Name: _____ Account #: _____

Address: _____ Representative: _____

City, State, Zip: _____, _____

Ph #: (____) ____ - _____

Fx #: (____) ____ - _____

(2) Name: _____ Account #: _____

Address: _____ Representative: _____

City, State, Zip: _____, _____

Ph #: (____) ____ - _____

Fx #: (____) ____ - _____

(3) Name: _____ Account #: _____

Address: _____ Representative: _____

City, State, Zip: _____, _____

Ph #: (____) ____ - _____

Fx #: (____) ____ - _____

=====

Certification

By signing below, you certify that the information provided above is true and correct to the best of your knowledge. You further authorize us to contact your credit references and solicit a credit report on your company.

Signed by: _____ Title: _____ Date: ____/____/____