

Customer Credit Application

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

Tax Exempt? Yes No, If no, 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:

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Key Contacts:

Purchasing: _____

Accounts Payable: _____

Controller: _____

Shipping / Receiving: _____

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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: ____/____/____