



# Credit Application

Please complete and submit (see button below)  
or download and fax

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/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____
Account#: _____	Account#: _____
Contact: _____	Contact: _____

#### Suppliers

Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

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: \_\_\_\_\_

