

APPLICATION FOR CREDIT: (Please type or print)

Name of Business: _____
Contact Name: _____ Title: _____
Business Phone: _____ Fax: _____
Mailing/Shipping Address: _____
City _____ State _____ Zip _____
STATE SALES TAX ID# _____
Accounts Payable Contact: _____ Contact #: _____

TRADE REFERENCES: Please list current suppliers who have extended credit to you

1. Company Name: _____
Contact Name: _____ Title: _____
Address: _____
Phone: _____ Fax: _____

2. Company Name: _____
Contact Name: _____ Title: _____
Address: _____
Phone: _____ Fax: _____

3. Company Name: _____
Contact Name: _____ Title: _____
Address: _____
Phone: _____ Fax: _____

BANK REFERENCES:

Name of Bank: _____
Contact Name: _____ Title: _____
Address: _____
Phone: _____ Fax: _____

I _____ promise to pay to the agreed terms.

Signature: _____ Title: _____ Date: _____

The above mentioned information is being submitted for the purpose of establishing a credit account and is subject to verification.