

CREDIT APPLICATION

To be filled out and signed by a Company Official or an authorized individual only. All information must be filled out in order to process.

Full Legal Company Name: _____

Ownership: _____ Corporation _____ Partnership _____ Sole Proprietorship

Physical address: _____

City, State & Zip:: _____ / _____ / _____

Phone / Fax: (_____) _____ (_____) _____

Federal Tax ID#: _____ Tax Exempt No: _____
(or Social Security #)

PAYMENT DATA Dun & Bradstreet #: _____

Billing Address: _____

(if different from above)

Account Payables Contact: _____

Phone / Fax: (_____) _____ (_____) _____

E-mail: _____

BANK REFERENCE: (Name & Address)

Acc#: _____ Contact: _____ Ph: _____ Fax: _____

TRADING REFERENCES:

1. _____ Contact: _____ Ph: _____ Fax: _____

2. _____ Contact: _____ Ph: _____ Fax: _____

3. _____ Contact: _____ Ph: _____ Fax: _____

We also accept VISA, AMEX, MASTER CARD

Credit Card Info: (VISA / MASTER CARD / AMEX) Please circle

Cardholder's Name: _____

Credit Card Billing Address _____

Card No: / Exp. / Sec Code: _____ / _____ / _____

Cardholder's Signature: _____