



CREDIT APPLICATION - Please complete the following information:

Business Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

Type of Business: _____

Years in Business: _____

Bank Name: _____

Address: _____

Phone: _____ **Contact Person:** _____

Federal ID#: _____ **DUNS Number:** _____ **Credit Amount:** \$ _____

Trade References

Name: _____

Address: _____

Contact Person: _____ **Phone:** _____

Title: _____ **Fax:** _____

Name: _____

Address: _____

Contact Person: _____ **Phone:** _____

Title: _____ **Fax:** _____

Name: _____

Address: _____

Contact Person: _____ **Phone:** _____

Title: _____ **Fax:** _____

****Payment Terms are "DUE ON RECEIPT." Please have the person in charge of releasing payment sign this form.****

Name of President: _____

Signature: _____ **Date:** _____

Name of Controller: _____

Signature: _____ **Date:** _____