



Application for Credit

Please fax or mail this completed form to the address below.
Attention: Accounting Department

Date: _____

Legal Business Name: _____

DBA: _____

Mailing address: _____

Email address: _____

Phone: _____ Fax: _____

Check one: Corporation _____ Partnership _____ Proprietorship _____ Subsidiary _____

Resale License / Certificate: _____

Years in Business: _____ Approximate annual sales: _____

Accounts Payable Supervisor: _____ Phone: _____

Purchasing Contact: _____ Phone: _____

Bank Reference: _____

Trade References:

Name: _____ Contact: _____

Address: _____ Fax #: _____

Name: _____ Contact: _____

Address: _____ Fax #: _____