



CUSTOMER CREDIT APPLICATION TERMS NET 30

	COMPANY INFORMATION	
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COMPANY NAME _____ PHONE _____

ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____ FEDERAL TAX ID# _____

TYPE OF COMPANY (Circle One) CORPORATION PROPRIETORSHIP CO-OP PARTNERSHIP

PREFERRED BILLING METHOD (Circle One) EMAIL POST MAIL

BILL TO ADDRESS _____

BILL TO EMAIL _____

AP CONTACT NAME _____ EMAIL _____

	COMPANY OFFICERS	
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	NAME	TITLE	ADDRESS
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

	TRADE REFERENCES	
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1. COMPANY NAME _____ CONTACT _____

ADDRESS _____ ACCOUNT # _____

CITY _____ STATE _____ ZIP _____ PHONE _____

EMAIL _____ FAX _____

2. COMPANY NAME _____ CONTACT _____

ADDRESS _____ ACCOUNT # _____

CITY _____ STATE _____ ZIP _____ PHONE _____

EMAIL _____ FAX _____

3. COMPANY NAME _____ CONTACT _____

ADDRESS _____ ACCOUNT # _____

CITY _____ STATE _____ ZIP _____ PHONE _____

EMAIL _____ FAX _____

	FINANCIAL INFORMATION	
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BANK NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ FAX _____

CONTACT _____ ACCOUNT # _____

	AUTHORIZATION	
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The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

SIGNATURE _____ TITLE _____ DATE _____

PRINTED NAME _____