



Customer Credit Application

Business Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Billing Address (if different) _____
City _____ State _____ Zip _____
Telephone # _____ Fax # _____
Contact _____ Email Address _____
Accounts Payable Contact _____ Email Address _____
Can we Email all Invoices in Lieu of Mailing: _____ Yes _____ No _____

Owner/Manager _____ Tel.No. _____
How long in business _____ Federal ID# _____ Tax Exempt: Yes _____ No _____
If Tax Exempt, Certificate # _____ Dun & Bradstreet # _____

Trade References:

Name _____ Address _____
Telephone # _____ Fax # _____ Contact _____

Name _____ Address _____
Telephone # _____ Fax # _____ Contact _____

Name _____ Address _____
Telephone # _____ Fax # _____ Contact _____

Name _____ Address _____
Telephone # _____ Fax # _____ Contact _____

Bank References:

Name _____ Address _____
Telephone # _____ Fax # _____ Contact _____

Name _____ Address _____
Telephone # _____ Fax # _____ Contact _____

Credit line requested \$ _____

Pending lawsuits against Company:

The undersigned authorizes inquiry as to credit information. We further acknowledge that credit privileges, if granted, may be withdrawn at any time.

Name _____ Title _____