

CREDIT APPLICATION

LEGAL NAME OF COMPANY _____

TRADE NAME (IF DIFFERENT FROM ABOVE) _____

ADDRESS _____

CITY STATE ZIP PHONE NO. _____

DATE OF BUSINESS ORGANIZED DATE INCORPORATED WHICH STATE _____

NATURE OF YOUR BUSINESS

CHECK ONE () PROPRIETORSHIP () PARTNERSHIP () CORPORATION

CHECK ONE () TAXABLE () TAX EXEMPT () RESALE

PLEASE ENCLOSE A COPY OF YOUR EXEMPT OR RESALE CERTIFICATE

NAME, TITLE AND HOME ADDRESS OF PROPRIETOR OR PARTNERS OR OFFICERS

NAME TITLE HOME ADDRESS PHONE NO. _____

NAME OF BRANCHES OR AFFILIATES ADDRESS PHONE NO. _____

BANK REFERENCES ADDRESS CONTACT/ACCOUNT NO. PHONE NO. _____

ACTIVE TRADE REFERENCES (SUPPLIERS)

NAME ADDRESS PHONE NO. _____

1 _____

2 _____

3 _____

4 _____

CREDIT LINE REQUIRED \$ BRANCH LOC BRANCH LOCATION _____

NAME OF COMPANY DATE _____

SIGNATURE (OFFICER, PARTNER OR PROPRIETOR) _____

PRINT NAME TITLE _____