

CREDIT APPLICATION

REF# _____

DATE: _____

BILLING

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ TEL# _____

BUSINESS TYPE Sole Proprietorship Partnership Corporation

SHIPPING

CHECK HERE IF ADDRESS IS THE SAME ABOVE

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ TEL# _____

SHIPPING

CATALOG ADDRESS _____ ATTN: _____ TITLE _____

CITY _____ STATE _____ ZIP CODE _____ TEL# _____

BUYER / CONTACT _____

BUSINESS HISTORY

How long has Business been established: _____ YEARS Nature of Business: _____

BANKING

BANK NAME _____ ACCT# _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ TEL# _____

TRADE REFERENCE

REFERENCE #1 COMPANY NAME _____ ACCT# _____

ADDRESS _____ TEL# _____

CITY _____ STATE _____ ZIP CODE _____ FAX# _____

REFERENCE #2 COMPANY NAME _____ ACCT# _____

ADDRESS _____ TEL# _____

CITY _____ STATE _____ ZIP CODE _____ FAX# _____

REFERENCE #3 COMPANY NAME _____ ACCT# _____

ADDRESS _____ TEL# _____

CITY _____ STATE _____ ZIP CODE _____ FAX# _____

AUTHORIZED NAME: _____ TITLE: _____ DATE: _____