

Credit Application Information

Company Name: _____
Ship to Address: _____
City, State, Zip: _____

Bill to Address: _____
City, State, Zip: _____

Phone No. : _____ **Fax No.:** _____

State of Incorporation: _____
Federal Tax ID #: _____
Year Established: _____
DUNS #: _____

Sales Tax Exempt: _____
***Note – If you are Tax Exempt - Please Provide a Sales Tax Exempt Form**

Type of Business: _____

Officers:
CEO/President: _____
VP/CFO: _____

AP Contact: _____
Phone No.: _____ **Fax No.:** _____
E-Mail Address: _____

Bank References:

Name of Bank: _____ **Acct #** _____
Bank Contact: _____ **Telephone No.:** _____
Fax No.: _____

Trade References:

Name: _____ **Telephone No.:** _____
Contact: _____ **Fax No.:** _____
City, State: _____

Name: _____ **Telephone No.:** _____
Contact: _____ **Fax No.:** _____
City, State: _____

Name: _____ **Telephone No.:** _____
Contact: _____ **Fax No.:** _____
City, State: _____