



COMPANY:	_____
ATTN.:	_____
FAX:	_____

CUSTOMER CREDIT APPLICATION

APPLICANT:

Firm Name: _____ Phone#: _____
 Ownership: Corp. _____ Partnership _____ Sole Ownership _____ Fax#: _____
 Mailing Address: _____
 City: _____ State: _____ Zip code: _____
 Shipping Address: _____
 City: _____ State: _____ Zip code: _____
 Type of business: _____ DBA? _____

RESPONSIBLE PARTIES OR OFFICERS:

Name: _____ Title: _____ Home Addr: _____
 Name: _____ Title: _____ Home Addr: _____
 Year Business Established: _____ # Years at present location: _____
 Authorized Buyers: _____ A/P contact: _____
Amount of Credit: \$ _____ **Resale#:** _____ for State of: _____ **Fed Tax #:** _____

TRADE REFERENCES: (Provide names of suppliers of major products or services and **include their fax numbers.**)

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Contact Person: _____	Contact Person: _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Contact Person: _____	Contact Person: _____

BANK REFERENCE:

Name: _____ Phone: _____
 Street: _____ Fax: _____
 Contact Person: _____ **Checking Acct#:** _____ Other: _____

CREDIT APPLICATION MUST BE SIGNED BY THE COMPANY PRESIDENT, CFO OR OFFICER OF THE CORPORATION. READ CAREFULLY AND SIGN:

The undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit and bank references above.

I agree to keep within your terms if granted an open account. Should this account ever become delinquent and it is necessary to employ an attorney to collect or commence suit to enforce payment, I agree to pay a reasonable additional sum as attorney fees; also cost of such suit, principle and interest payable in lawful money of the United States.

 President/ CFO (Signature) President/CFO (**print name**) Date

 Title Firm Name