



Credit Application Form

Company Name: _____

Type of business: _____

Years in business: _____

Billing address: _____

City: _____ **State:** _____

Zip: _____

Shipping address: _____

City: _____ **State:** _____

Zip: _____

Special billing instructions: _____

Resale Tax: _____ **Purchase orders:** _____ **Invoice copies needed:** _____

A/P Contact: _____

Phone #: _____

Is your company a [] Corporation [] Sole Proprietorship [] Partnership
(If Partnership or Sole Proprietorship, get information on the principals)

Name(s) of Principals: _____ **Title:** _____ **SS#:** _____

Who are you currently buying from on credit terms?

Name: _____ **Location:** _____ **Fax#:** _____

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Your Bank: _____

Fax #: _____

Location: _____

Contact: _____

Checking #: _____

Savings #: _____