

C

Credit Application

Business Name _____

D/B/A _____

Street Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Fax No. _____

Shipping address (if different from above) Street Address _____

City _____ State _____ Zip Code _____

Federal Tax I.D. No. _____ No. of Employees in Company _____

Type of Business _____ How Long in Business _____

Mortgage Holder/Landlord _____

Address & Phone No. of Mortgage Holder/Landlord _____

Ownership: Corporation Partnership LLC Sole Proprietorship Not-For-Profit

NAMES OF OFFICERS

President/CEO/Owner
Name _____ SS No. _____ Direct Phone No. _____

CFO/COO/Controller
Name _____ SS No. _____ Direct Phone No. _____

Purchasing Manager/Authorizing Entity
Name _____ SS No. _____ Direct Phone No. _____

Insurance Agent
Name _____ Company _____ Phone No. _____

TRADE REFERENCES

	Company Name	Contact	Phone No.	Fax No.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

BANK REFERENCES

	Institution	Account No. & Type	Phone No.	Fax No.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Date _____ Signed By (Please print) _____
Title _____

I/we hereby authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc. as you deem necessary.