



Credit Application

Print or Type Clearly

Date _____

Firm Name _____ Telephone _____

Contact _____ Extention _____

Billing Address* _____ Fax _____

Street Address _____

City _____ State _____ Zip _____

**If P.O. Address, Street Address MUST Also Be Listed*

Type of Ownership: Corporation Partnership Individual

Type of Business _____

Name of Principals _____

In Business Since _____ Rated in D&B? _____ Rating _____

Bank _____ Branch _____ Checking Account No. _____

Address _____ State _____ Zip _____ Savings Account No. _____

Suppliers (Give name and address for each)

Name _____ Phone _____ Fax _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____ Fax _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____ Fax _____

Address _____

City _____ State _____ Zip _____