



Credit Application

All fields must be completed

Date: _____

Company Information

Sold To Address: _____

Ship to Address: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Years in Business: _____

Buyer Contact: _____

Resale Tax No.: _____

A/P Contact Name: _____

(Include copy of your resale certificate if applicable)

A/P Email: _____

A/P Fax: _____

Person submitting application: _____

*Please include email address to send invoices to

Bank References

Bank Name: _____

Phone: _____

Account No.: _____

Fax: _____

Bank Officer: _____

Trade References

1) Company Name: _____

Contact Name: _____

Address: _____

Contact Phone: _____

City, State, Zip: _____

Contact email: _____

Main Phone: _____

2) Company Name: _____

Contact Name: _____

Address: _____

Contact Phone: _____

City, State, Zip: _____

Contact email: _____

Main Phone: _____

3) Company Name: _____

Contact Name: _____

Address: _____

Contact Phone: _____

City, State, Zip: _____

Contact email: _____

Main Phone: _____

Release of credit info. Authorization

Name (print): _____

Signature: _____

Title: _____