



Business Credit Application

Name/Address

Name of Business			Tax ID #
Principal Contact: Last Name	First Name	Middle I.	Title
Address			Phone
City	State	Zip	Fax
Email			

Company Information

In Business Since _____ Tax Exempt Yes/No _____ Tax Exempt # _____ *Please Attach Certificate			
Legal Form Under Which Business Operates (Circle One) Corporation Partnership Proprietorship			
If Division/Subsidiary Name of Parent Company		In Business Since	
Name of Company Principal Responsible for Business Transactions			Title
Address	City	State	Zip
A/P Contact			
Phone		Email	

Authorized Purchasers

Name	E-Mail	Phone #
If more than two, attach separate sheet		

Bank References

Institution Name	Address	Contact Name	
Checking Account #	Savings Account #	Phone	E-Mail
		Fax	

Trade References

Company Name	Company Name	Company Name
Contact Name	Contact Name	Contact Name
Address	Address	Address
Phone	Phone	Phone
Fax	Fax	Fax
E-Mail	E-Mail	E-Mail
Account Opened Since	Account Opened Since	Account Opened Since
Credit Limit	Credit Limit	Credit Limit
Current Balance	Current Balance	Current Balance

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in the is credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Authorized Signature: _____ Date: _____