CREDIT APPLICATION

Please complete this form and return the completed Application to your Account Executive	**Federal Tax ID #** _____ **Duns #** _____ **Credit Amount Requested**

Company:

Address:

Phone:	Fax:	NA

E-Mail:	Type of Business/ Years in Business/ #employees/ SIC code

Vendor Reference #1:	**Contact:**

Address:

Phone:	E-Mail:

Vendor Reference #2:	Contact:

Address:

Phone:	Email:

Vendor Reference #3:	Contact:

Address:

Phone:	Email:

Bank Reference/ Contact:	Contact Phone #:	Account#:

City/State/Zip

Accounts Payable Contact info: Name:	E-mail:	Phone:

By:_____   _____   _____

Authorized Signature   Print Name   Title

          Phone:_____   Email:_____

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