



Please fill this out and fax it to us at your earliest convenience.
Thank you, Trina Stiehl (Credit Manager)

Credit Application

Legal Name of Business: _____ Phone _____ FAX Number _____

If Subsidiary: _____
Parent Name _____ Address _____

Billing Address: _____ Shipping Address: _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Propship. _____ Owner SS No. _____ In Business Since _____
Partnership _____ Partner SS No. _____ Year Founded _____
Corporation _____ Federal ID No. _____ Year Incorporated _____

Owner, Partner, President or Vice President of Corporation:

Name _____ Address _____ Phone _____

Bank Reference:

Name _____ Branch _____ Phone _____

Bank Reference:

Name _____ Branch _____ Phone _____

Trade References

1) Name _____ Contact _____ Fax _____
Street _____ City _____ State _____ Zip _____

2) Name _____ Contact _____ Fax _____
Street _____ City _____ State _____ Zip _____

3) Name _____ Contact _____ Fax _____
Street _____ City _____ State _____ Zip _____

4) Name _____ Contact _____ Fax _____
Street _____ City _____ State _____ Zip _____