

## Credit Application

### Company Information

Name of Business:			
Type of Business:		FEIN / Tax I.D. Number:	
Billing Address:	City:	State:	Zip:
Shipping Address:	City:	State:	Zip:
Phone:			
Company Officers:		Title:	
Accounts Payable Contact:		Title:	
Phone:		Email:	
Invoices: Mailed <input type="checkbox"/>	Emailed <input type="checkbox"/>	If Emailed:	

### Bank References

Bank Name:	
Address:	
Officer Name:	Phone:
Bank Account Name:	
Account #:	

### Trade References

Company Name:	Company Name:	Company Name:
Contact Name / Title:	Contact Name / Title:	Contact Name / Title:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

**\*If this application is approved our payment terms are Net30 days.**

**\*If you a reseller attached your current Resale Tax Certificate (DR13).**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date