CREDIT APPLICATION

GENERAL INFORMATION

DATE OF APPLICATION: _____

Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
D/B/A: _____
Federal Tax I.D. Number: _____
Type of Business: _____ How Long in Business: _____
Principal: _____
(Name) (Title) (Address)

Accounts Payable Contact Name & Phone: _____
Accounts Payable E-mail Address: _____

CREDIT INFORMATION

Estimated maximum credit desired per month: $_____

TRADE REFERENCES (Name suppliers of major product and services)

To expedite your credit application, please ensure that all fields are filled out completely.
Please supply account numbers if they will be required to check your reference.

NAME	ADDRESS	FAX NUMBER

BANK REFERENCES:

IMPEREATIVE that you provide an account number to check your reference.

_____
(Name) (Address) (Account #) (Contact)

Signature for permission to check references: _____