



CREDIT APPLICATION

PLEASE PRINT

BUSINESS NAME		AKA	
BILLING ADDRESS		CITY	STATE ZIP
MAILING ADDRESS		CITY	STATE ZIP
PHONE	FAX	YEAR ESTABLISHED	ST. RESALE CERT #
EMAIL	WEBSITE	TIME AT PRESENT LOCATION	AMOUNT OF DESIRED CREDIT
NAME OF INDIVIDUAL RESPONSIBLE FOR PAYMENT		POSITION	
LEGAL STRUCTURE:	CORPORATION STATE: YEAR:	SOLE PROPRIETORSHIP STATE: YEAR:	PARTNERSHIP STATE: YEAR:

TRADE REFERENCES

BUSINESS NAME	TELEPHONE	ACCOUNT NO.	HIGH CREDIT
ADDRESS	CITY	STATE	ZIP
BUSINESS NAME	TELEPHONE	ACCOUNT NO.	HIGH CREDIT
ADDRESS	CITY	STATE	ZIP
BUSINESS NAME	TELEPHONE	ACCOUNT NO.	HIGH CREDIT
ADDRESS	CITY	STATE	ZIP

BANK REFERENCE

NAME OF BANK	BRANCH	TYPE OF ACCT
ADDRESS	CITY, STATE ZIP	ACCT NUMBER
NAME OF LENDING OFFICER	TELEPHONE	FAX

THE ABOVE INFORMATION IS GIVEN FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE AND CORRECT.

OWNER/PRINCIPAL NAME (PLEASE PRINT) _____

SIGNATURE _____ **DATE** _____