



**CONFIDENTIAL CREDIT APPLICATION**

<b>COMPANY NAME:</b>				PHONE #:	
ADDRESS:				FAX #:	
CITY, STATE, ZIP:					
YEAR BUSINESS STARTED:	CORPORATION:	YES	NO	TAXABLE:	YES OR NO
DO YOU REQUIRE PO# ON INVOICE TO PAY?			FEDERAL ID #: IF NON-TAXABLE		
PLEASE INDICATE HOW YOU AGE YOUR INVOICES: GOODS DELIVERED DATE _____ OR INVOICE RECEIVED DATE _____					
PAYMENT POLICY:	#OF DAYS	OR WHEN CLIENT PAYS YOU:		YES	OR NO
CONTACT PERSON NAME:			PHONE #:		
<b>CREDIT REFERENCES:</b>					
BANK & BRANCH:				PHONE #:	
ACCOUNT NO:			BANK CONTACT:		
<b>COMMERCIAL CREDIT REFERENCES: (please give three)</b>				<b>(FOR OFFICE USE ONLY)</b>	
<b>NAME:</b>				HIGH CREDIT:	
ADDRESS:				YEARS DOING BUSINESS:	
TELEPHONE#:				# OF DAYS AVG. PAYMENT	
FAX #:				OTHER:	
<b>NAME:</b>				HIGH CREDIT:	
ADDRESS:				YEARS DOING BUSINESS:	
TELEPHONE#:				# OF DAYS AVG. PAYMENT	
FAX #:				OTHER:	
<b>NAME:</b>				HIGH CREDIT:	
ADDRESS:				YEARS DOING BUSINESS:	
TELEPHONE#:				# OF DAYS AVG. PAYMENT	
FAX #:				OTHER:	
Authorized Signature for Release of Information:					
Signature:				Date:	
Title:			Name (please print):		