

APPLICATION FOR CREDIT

****THE FOLLOWING MUST BE PROVIDED AND WILL BE HELD IN STRICT CONFIDENCE****

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

_____ CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL

FEDERAL TAX ID# _____ YEARS IN BUSINESS: _____

OWNER: _____ ADDRESS: _____

CITY/STATE: _____

PHONE#: _____

A/P CONTACT: _____ PH#: _____

E-MAIL: _____

REFERENCES

BUSINESS NAME/ADDRESS

1. _____

2. _____

3. _____

CONTACT NUMBERS

PHONE# _____

EMAIL: _____

FAX: _____

PHONE# _____

EMAIL: _____

FAX: _____

PHONE# _____

EMAIL: _____

FAX: _____

Applicant has carefully reviewed the representations set forth above and certifies all such representations to be completed and correct to the best of his/her knowledge. Permission is hereby granted to verify credit information from trade & bank references and information provided, and to make all other pertinent credit inquiries as deemed necessary to make a credit determination.

X Signed: _____ **Date:** _____