



**BUSINESS CREDIT APPLICATION**

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_
Billing Address: \_\_\_\_\_ Street Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
A/P Contact Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_
Phone Number (if different than above): \_\_\_\_\_
Type of Organization: [ ] Sole [ ] Partnership [ ] Corporation
How Long in Business: \_\_\_\_\_ SIC Code: \_\_\_\_\_ D&B Rating: \_\_\_\_\_
Are You a Division or Subsidiary of Another Corporation? [ ] Yes [ ] No
If YES, Does Parent Guarantee Payment? [ ] Yes [ ] No
Parent Company Name: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Resale: [ ] Yes [ ] No Tax Exempt: [ ] Yes [ ] No
(If applicable, please send copy of Tax Exemption Certificate. Sales tax may be added until Tax Exemption or Resale Certificate is provided.)

**TRADE REFERENCES**

1. Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_
2. Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_
3. Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**BANK REFERENCE**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_
Address: \_\_\_\_\_
Contact Person: \_\_\_\_\_ Acct. No.: \_\_\_\_\_
The undersigned authorizes inquiry as to credit information. We certify that all of the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.
Name: \_\_\_\_\_ Title: \_\_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL INFORMATION TO BE HELD IN CONFIDENCE.**