

CREDIT APPLICATION

Company Name _____

Billing Address _____

Shipping Address _____

Key Contact Person: Name _____ Title _____

Phone _____ Fax _____ E-mail _____

Type of Business _____ Established _____ Duns# _____

Type of Entity _____

If Incorporated: State of Incorporation _____ Year of Incorporation _____

Key Management and Owners	Titles
_____	_____
_____	_____
_____	_____
_____	_____

Bank Affiliation _____ Account# _____

Address _____

Phone# _____ Officer _____

Credit References

List three of your primary suppliers

1. Company Name _____

Address _____

Phone# _____ Fax# _____

2. Company Name _____

Address _____

Phone# _____ Fax# _____

3. Company Name _____

Address _____

Phone# _____ Fax# _____

Estimated Monthly Purchases _____ Credit Line Requested _____

How often and when does your firm issue checks? _____

What are your payment terms? _____

The above information is provided for the purpose of extending credit to your company. To the best of our knowledge and belief, the information is accurate and may be relied upon in making your credit decisions. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation. To the best of our knowledge and belief, the information is accurate and may be relied upon in making your credit decisions of our credit history.

Signature _____ Title _____ Date _____