



CREDIT APPLICATION:

COMPANY NAME:	_____	CORPORATE STRUCTURE:
AP CONTACT PERSON:	_____	____ CORPORATION
PHONE NUMBER:	_____	____ PARTNERSHIP
FAX NUMBER:	_____	____ SOLE PROPRIETOR
EMAIL ADDRESS FOR INVOICES:	_____	____ OTHER: _____
WEB SITE:	_____	
BILLING ADDRESS:	_____	

SHIPPING ADDRESS:	_____	

YEAR ESTABLISHED:	_____	TAXABLE: YES NO
FEDERAL EIN:	_____	IF NO, PLEASE ATTACH
TYPE OF BUSINESS:	_____	EXEMPTION CERTIFICATE

BANK REFERENCE:

BANK NAME/ADDRESS: _____

ACCOUNTS: _____

PHONE: _____

TRADE REFERENCE(S):

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____