



Company Information

Type of Business:		In Business Since:	
Legal Form Under Which Business Operates:			
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>
Company Name:		Tax ID:	Website:
If Div./Sub., Name of Parent Company:			In Business Since:
Address:		City:	State: ZIP Code:
Country:		Phone:	Fax:
Accounts Payable Contact:		Phone:	E-mail:

Bank References

Bank Name:		Contact Name:	Phone:
Bank Address:		E-mail:	
Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other <input type="checkbox"/>		Account number:	

Trade References

Company Name:			Company Name:			Company Name:		
Contact Name:			Contact Name:			Contact Name:		
Address:			Address:			Address:		
City	State	Zip Code	City	State	Zip Code	City	State	Zip Code
Phone:			Phone:			Phone:		
E-mail:			E-mail:			E-mail:		
Credit Limit:			Credit Limit:			Credit Limit:		

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the bank listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date