



**APPLICATION FOR CREDIT**

BILL TO:  
COMPANY NAME: \_\_\_\_\_

TRADING AS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ FAX #: \_\_\_\_\_

COMPANY STREET ADDRESS \_\_\_\_\_ SUITE: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Resale Tax Certificate:  Yes # \_\_\_\_\_ Or  Not required/Reason \_\_\_\_\_

Must attach a copy of certificate

**SALES TAX WILL BE CHARGED FOR EACH SHIP TO LOCATION WITHOUT A VALID CERTIFICATE**

Company History/Business Started (Year) \_\_\_\_\_ Duns # \_\_\_\_\_ Rating \_\_\_\_\_

Type of Business: \_\_\_\_\_

Commercial Checking Account Micro Number \_\_\_\_\_ -

This information is necessary for auto payment processing purposes. If available, please include a void copy or your company's check.

Type:  Proprietorship Owners Name       Partnership All general Partners       Corp Officer Names of Officers

Indicate : Name(s): \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Bank Reference:** \_\_\_\_\_ IRS E.I.#: \_\_\_\_\_ - \_\_\_\_\_

Name	Address	Checking Account #/Savings Account	Tel.#
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Trade References (Must have 3 in order to process):

Name	Address	Account #	Telephone
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Name	Address	Account #	Telephone
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Name	Address	Account #	Telephone
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Requested Credit Line \$ \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

SIC Code: \_\_\_\_\_ Monthly Statement Required  Yes  No

Salesperson Name/# \_\_\_\_\_ Invoice Required  Yes  No

Branch # \_\_\_\_\_ Region \_\_\_\_\_ PO Required  Yes  No