



CREDIT APPLICATION

Date Submitted: _____ Sales Representative: _____

Legal Name: _____ DBA: _____

Address: _____ Telephone _____

City & State: _____ Zip: _____ Fax: _____

Date Business Started: _____ Federal Tax ID: _____

Principal / Owner / Partner Information

(Please complete all information)

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Social Security Number: _____ Social Security Number: _____

Title: _____ Title: _____

Trade References

Name	City, State, Zip	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank Reference

Name: _____ Account Number: _____

Contact: _____ Phone: _____ Fax: _____

Applicant agrees to pay any collection costs incurred to collect the amount balance, including reasonable attorney's fees. The undersigned as an inducement to grant credit warrants that the information submitted is true and correct. You are authorized to investigate the credit references above.

Name, Title and Date

For Office Use Only

Approval: _____ Credit Limit: _____ Terms: _____ Date: _____