



CREDIT APPLICATION

Date:

Legal Business Name:

D.B.A:

BILLING ADDRESS

STREET:

CITY: STATE: ZIP: -

PHONE: - - FAX: - -

E-MAIL:

SHIPPING ADDRESS

STREET:

CITY: STATE: ZIP: -

BUSINESS TYPE: CORPORATION ☐ PARTNERSHIP ☐ PROPRIETORSHIP ☐

STATE OF INCORPORATION: YEAR ESTABLISHED:

SALES TAX PERMIT NUMBER:

OWNERS NAME:

OWNERS TITLE:

OWNERS ADDRESS:

OWNERS PHONE NUMBER:

OWNERS DRIVERS LICENSE NUMBER:

CORPORATE OFFICERS:

MANAGER:

ACCOUNTS PAYABLE CONTACT:

PURCHASING AGENT:



CREDIT APPLICATION

TRADE REFERENCE #1

NAME:

STREET:

CITY: STATE: ZIP: -

PHONE: - - FAX: - -

CONTACT: TITLE:

TRADE REFERENCE #2

NAME:

STREET:

CITY: STATE: ZIP: -

PHONE: - - FAX: - -

CONTACT: TITLE:

TRADE REFERENCE #3

NAME:

STREET:

CITY: STATE: ZIP: -

PHONE: - - FAX: - -

CONTACT: TITLE:

DO YOU HAVE A CREDIT LINE AVAILABLE?: YES: ☐ NO: ☐

BANK REFERENCE #1

NAME:

STREET:

CITY: STATE: ZIP: -

PHONE: - - FAX: - -

ACCOUNT #: CONTACT:

AMOUNT OF CREDIT BEING REQUESTED: \$