



CREDIT APPLICATION

Company

BILL TO ADDRESS

Address _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____

Years in Business: _____

SHIP TO ADDRESS

Address _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____

D&B #: _____

PARTNERS OR CORPORATE OFFICERS

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

BANK REFERENCES

BUYING GROUP MEMBER

Name _____

Address _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____

Contact _____ Acct# _____

TRADE REFERENCES

Name _____

Address _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____

Contact _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____

Contact _____

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the creditor to whom this application is made, to investigate the references listed pertaining to my/our credit and financial responsibility. I/We, the undersigned, state that in making this request for credit, that I/We will assume all obligations for prompt payment and according to the terms as shown on every invoice.

SIGNATURE OF APPLICANT

PRINTED NAME AND TITLE

DATE

FOR OFFICE USE ONLY

SALESMAN _____ BROKER _____ DISTRIBUTOR _____

SPECIAL INSTRUCTIONS _____