



NET 30 DAY TERM - CREDIT APPLICATION

COMPANY BILLING INFORMATION:

Legal Name of Company: _____ Tax ID No. _____

Address: _____

Contact: _____ Phone: _____

COMPANY SHIPPING INFORMATION:

Ship to Attn: _____ Phone: _____

Email Address: _____

Shipping Address: _____

COMPANY ACCOUNTS PAYABLE INFORMATION:

Accounts Payable Mgr: _____ Phone: _____

Email Address: _____ Fax: _____

BANK REFERENCE:

Name of Bank: _____ Phone: _____

Address: _____ Fax: _____

_____ Contact: _____

Acct No. _____ Title: _____

Dunns No. _____ Credit Amount Requested _____

COMPANY TRADE REFERENCES:

Company Name: _____ Contact: _____

Address: _____ Phone: _____

Credit Limit: _____

Company Name: _____ Contact: _____

Address: _____ Phone: _____

Credit Limit: _____

Company Name: _____ Contact: _____

Address: _____ Phone: _____

Credit Limit: _____

Company Name: _____ Contact: _____

Address: _____ Phone: _____

Credit Limit: _____

Company Name: _____ Contact: _____

Address: _____ Phone: _____

Credit Limit: _____