

APPLICATION FOR CREDIT

DATE: _____

TRADE NAME:

FULL ADDRESS:

INVOICE TO:

FEDERAL TAX ID# OR SOCIAL SECURITY #:

REGISTERED BUSINESS NAME

TELEPHONE NUMBER:

FAX NUMBER:

SHIP TO:

IN BUSINESS SINCE:

NAME OF OWNER: _____

CONTACT RE PAYABLES:

BUYER: _____

TELEPHONE # _____

FAX# _____

CREDIT APPLICATION

BANK: _____

ADDRESS: _____

BRANCH: _____ **ACCOUNT NUMBER:** _____

PLEASE COMPLETE IN DETAIL INCLUDING ADDRESS AND PHONE NUMBER:

REFERENCES

1. **NAME:** _____

ADDRESS: _____

PHONE NO# _____ **FAX #** _____

2. **NAME:** _____

ADDRESS: _____

PHONE NO# _____ **FAX #** _____

3. **NAME:** _____

ADDRESS: _____

PHONE NO# _____ **FAX#** _____

4. **NAME:** _____

ADDRESS: _____

PHONE NO# _____ **FAX#** _____

DATE: _____

SIGNATURE OF OWNER OR APPROVED AGENT: _____

Please return by fax to: 636-257-8101