

CREDIT APPLICATION FORM

Date: _____ Issued To: _____
Firm Name: _____ Trade Style: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____

OWNERS OR AUTHORIZED OFFICERS OF CORPORATION

Name: _____ Address: _____
Phone: _____
Name: _____ Address: _____
Phone: _____
Please check one:
 Partnership Corporation LLC Individual Federal Tax I.D.: _____

Additional information required for conditional sales contracts under the uniform commercial code.

Debtor: (Individual Signing Contract): _____
Title: _____ Debtor's Social Security No. (Partnership/Individual): _____
Type of Business: _____ Date Started: _____
Estimated Annual Sales: _____

TRADE REFERENCES

1) Name: _____ Contact: _____
Address: _____
Phone: _____ Fax: _____
2) Name: _____ Contact: _____
Address: _____
Phone: _____ Fax: _____
3) Name: _____ Contact: _____
Address: _____
Phone: _____ Fax: _____
Bank Name: _____ Account Number: _____
Address: _____
Contact: _____ Phone: _____ Fax: _____

By submitting this form, the applicant attest financial responsibility, ability to, and willingness to pay invoices in accordance with the terms and conditions of sale set forth by the Seller. Terms, if not otherwise specified, are 1/2% 10, net 30 days. The above information is for the purpose of obtaining credit and is warranted to be true by the applicant. I/We hereby authorize the firm to whom this application is made to, to investigate the references listed pertaining to my/our credit and financial responsibility.