

Company Information

Name of Business:		Federal Tax Number:	
Last:	First:	Middle Initial:	Title:
Address:		City:	State: Zip:
Phone:	Cell	Type of Business:	In Business Since:
AP Contact:		Email Address:	Phone:
Legal Form Under Which Business Operates: Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:		In Business Since:	
Full Name(s) of Owner(s) of Corporation/Authorized Officer(s) Corporation or Partner's of Partnership			
Name	Title	Address	Social Security No.
PO Required Yes <input type="checkbox"/> No <input type="checkbox"/>	Sales Tax Exempt Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach copy of sales tax exemption certificate.		
Monthly Credit Line Requested:	Initial Credit Purchase Amount if Applicable:		

Bank/Finance References

Institution Name:	Institution Name:	Institution Name:	
Account #:	Account #:	Loan #:	Loan Balance:
Address:	Address:	Address:	
Phone:	Phone:	Phone:	

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Email:	Email:	Email:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature _____

Date _____