

Credit Application for Open Account

Customer Phone Number: _____
Customer Fax Number: _____

Shipping Address Phone# _____
Date of Application: _____

Billing Address:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____

Shipping Address:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____

Date Established: _____
President: _____
Vice-President: _____
Controller: _____
Nature of Business: _____

Home Office: _____
Firm Name: _____
Address: _____
City, State, Zip: _____
Home Office Phone: _____

P.O. # Required? _____ (Y/N)
Partial Shipments Allowed? _____ (Y/N)
Delivery Tickets Priced? _____ (Y/N)

Taxable/Non-Taxable: _____ (T NT)
Back Orders Allowed? _____ (Y/N)
Monthly Statement Required? _____ (Y/N)

Banking History

Bank Name: _____
Address: _____
City, State, Zip: _____

Account Number: _____
Contact: _____
Phone: _____

Credit References

Company Name: _____
Address: _____
City, State: _____
Zip: _____ Phone: _____

Company Name: _____
Address: _____
City, State: _____
Zip: _____ Phone: _____

Company Name: _____
Address: _____
City, State: _____
Zip: _____ Phone: _____

Company Name: _____
Address: _____
City, State: _____
Zip: _____ Phone: _____

Has present firm done business under another name? If yes please attach information.

To expedite opening an account for us, authorization is given to contact the above business and bank references to obtain information relative to our credit and payment record. All information will be held in strict confidence.

Signature

Date

Title