



CREDIT APPLICATION

Application Date: _____ Salesperson: _____

Company Legal Name: _____
 D.B.A.: _____

Ship to Address: _____
 Mailing Address: _____
 City / State / Zip: _____
 Telephone / Fax: _____ / _____
 Email Address: _____

Date Started Doing Business (Required): _____
 Ownership (Check One): ___ Individual Ownership
 ___ Partnership
 ___ Corporation: Date Incorporated: _____

Federal ID or Social Security Number: _____

Principal's Name & Address **(To be held in strictest confidentiality)**

Name: _____ Title: _____
 Address: _____
 City / State / Zip: _____

Name #2: _____ Title: _____
 Address: _____
 City / State / Zip: _____

Trade References:

Name: _____
 Address: _____
 City/St/Zip: _____
 Phone: _____
 Fax: _____

Name: _____
 Address: _____
 City/St/Zip: _____
 Phone: _____
 Fax: _____

