



APPLICATION FOR CREDIT

NAME OF FIRM OR INDIVIDUAL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE#: _____ FAX#: _____

E-MAIL ADDRESS: _____

NUMBER OF YEARS IN BUSINESS _____ TYPE OF BUSINESS _____

Terms: 30 days net

Please supply us with the following information about your business. (This information will be held in confidence unless you use us as a reference for your credit account.)

____ Corporation ____ Partnership ____ Individual

Name(s) of Principal(s)	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

CREDIT REFERENCES

Business Name	Contact	Telephone	Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

We certify that the information on this form is correct; and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signed: _____ Date: _____

Title: _____

____ Credit approved / refused by: _____ Date: _____
(Please Circle Which)