



**CUSTOMER CREDIT APPLICATION**

COMPANY NAME

BILL TO ADDRESS:

SHIP TO ADDRESS:

PH: ( )

PH: ( )

FAX: ( )

FAX: ( )

DO YOU REQUIRE A PURCHASE ORDER NUMBER FOR PURCHASES? YES / NO

**BUSINESS INFORMATION:**

TYPE OF OWNERSHIP (PLEASE CIRCLE ONE):

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION OTHER: \_\_\_\_\_

DUNS & BRADSTREET NUMBER: \_\_\_\_\_

HOW LONG HAVE YOU BEEN IN BUSINESS AS THE APPLYING COMPANY? \_\_\_\_\_

**REFERENCES:**

PLEASE LIST 3 CURRENT SUPPLIERS:

BUSINESS NAME	ADDRESS	PHONE/FAX

**FINANCIAL INFORMATION:**

BANK NAME

BANK ADDRESS

BANK ACCOUNT(S)

BANK OFFICER OR DEPARTMENT

PHONE/ FAX

**AGREEMENT:**

WE CERTIFY THAT ALL INFORMATION ON THIS FORM IS CORRECT. WE FULLY UNDERSTAND THE CREDIT TERMS AND AGREE TO PROMPT PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

PERSONAL GUARANTEE OF MAJOR STOCK HOLDER OR OWNER:

PRINT NAME

SIGNATURE

DATE