



Credit Application for Tiewraps.com, Inc.

Name: _____

Address: _____

City: _____

Phone: () _____

Fax: () _____

Email Address: _____

Federal ID# _____

(Check One) Ownership ☐ Corporation ☐ Individual ☐ Partnership ☐

Name of Business: _____

Principal(s) / Managing Partner(s) / Owner(s)

Name: _____	Name: _____
Address: _____	Address: _____

Trade References

1. Company Name: _____	2. Company Name: _____
Address: _____	Address: _____

Phone: _____	Phone: _____
Fax: _____	Fax: _____

3. Company Name: _____	4. Company Name: _____
Address: _____	Address: _____

Phone: _____	Phone: _____
Fax: _____	Fax: _____

Bank Information

Bank: _____	Account #: _____
Address: _____	
Contact: _____	Phone: _____
	Fax: _____

This application serves as authorization for the above listed references and bank to release information to Tiewraps,com Inc. We certify that all the information on this form is correct. We fully understand your credit terms and agree to proper payment in consideration for extended credit.

Signature: _____	Title: _____
Date: _____	