

Business Information

Company Name:

Years in Business:

Billing Address:

Phone & Fax: Phone: Fax:

AP Contact Info: Name: Phone: Title: Email:

Credit Requested: Credit Limit Requested: \$ Amount of Initial Order: \$

Type of Company: Sole Proprietorship Partnership S Corp C Corp LLC

Bank Information

Bank Name:

Bank Address:

Bank Phone & Acct #: Phone: Acct #:

Authorized Officer: (List Additional Officers on Separate Page)

1. Title: Phone:

Business References (Please Complete all Fields)

Company Name: Contact:

Address:

Phone & Fax: Phone: Fax:

Type of Account & Number: Type of Acct: Acct #:

Company Name: Contact:

Address:

Phone & Fax: Phone: Fax:

Type of Account & Number: Type of Acct: Acct #:

Company Name: Contact:

Address:

Phone & Fax: Phone: Fax:

Type of Account & Number: Type of Acct: Acct #:

I hereby certify that the information provided on this form is complete and accurate and has been furnished with the understanding that it is to be used to determine the amount and conditions of credit extended. I authorize the institutions listed above to release necessary information to the company for which credit is being applied in order to provide references and verify the information contained herein. Furthermore, I understand that the processing time for this application averages between 3 and 5 business days and that until approved any orders will be on a pre-paid basis.

Signature _____

Title _____

Date _____