



**Customer Background**

Company Name:	Telephone: ( )
Bill to address:	ZIP
Ship to address:	ZIP
Nature of business:	
Years established:	
Please check one: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
State Tax Exempt #:	Federal Tax No. (Corp. Only):
Full name of owner or owners (or authorized officer of corp.)	
Name:	Phone: Home Address:
Name:	Phone: Home Address:
Has ownership or control changed within the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please describe:	
Accounts Payable Contact:	
Telephone: ( )	Fax: ( )

**Trade Reference**

Please list four trade references with complete mailing address, telephone and fax numbers

1) Name _____	2) Name _____
Address _____	Address _____
Contact _____	Contact _____
Phone _____	Phone _____
Fax _____	FAX _____
<hr/>	
3) Name _____	4) Name _____
Address _____	Address _____
Contact _____	Contact _____
Phone _____	Phone _____
Fax _____	FAX _____

**Bank Reference**

Name	Name
City, State	City, State
Telephone	Telephone
Fax	Fax
Account Officer	Account Officer
Account Number	Account Number

Maximum credit applied for \_\_\_\_\_ Company Name \_\_\_\_\_  
 Expected Monthly Volume \_\_\_\_\_ Authorized By \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_

- We hereby apply for extension of credit for our firm. The above information is submitted for your consideration of our application. We believe our firm is financially able to meet any commitments we have made and expect to pay your invoices according to your terms of net 30 days, subject to a service charge of 1.5% interest per month.
- Credit is contingent upon receipt of a signed contract of purchase order.
- If purchase is not non-taxable, credit application must be accompanied by a tax exempt certificate.