

CREDIT APPLICATION

Contact Information

Company Name: _____ Business Start Date: _____
Street Address: _____ EIN (Federal Tax ID) _____
City, State & Zip: _____ Sole Proprietorship
Phone: _____ Partnership
Email: _____ Corporation Public
Tax Exempt: Yes No If Yes, please attach tax exemption documentation

***ACCOUNTS PAYABLE EMAIL: _____

Bank & Credit Information

Bank Name: _____
Bank Address: _____
City, State & Zip: _____
Account No: _____
 Checking Savings Other
Point of Contact / Phone Number: _____
DUNS No: _____

Trade References

Name: _____
Street Address: _____
City, State & Zip: _____
Phone: _____

Name: _____
Street Address: _____
City, State & Zip: _____
Phone: _____

Name: _____
Street Address: _____
City, State & Zip: _____
Phone: _____

Authorized Signature:

Signature: _____
Printed Name & Title: _____
Date: _____