



APPLICATION FOR CREDIT

We would like to establish a credit account with your firm and are therefore submitting the following information for your records. **(Please print or type.)**

Company Name: _____ Accounting Contact: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax #: _____

In business since: _____ At above address since: _____ Kind of business: _____

Type of business (Partnership, Corporation, other): _____ e-mail address: _____

If corporation, name officers; if partnership name partners; if individual, include spouse's full name and information requested.

Complete Name Home Address Title

Bank References:

Bank: _____ Account Officer (name): _____

Branch: _____ Phone: _____ Account #: _____

Credit References: *(list at least 3 active references, no credit cards or bank loans please)*

Complete Name Address Phone/Contact

Credit requested per month \$ _____

(We) (I) agree to notify you immediately of any change in the business or ownership that would effect our relationship. If granted credit by you, I agree to pay all invoices according to your terms. My financial condition is satisfactory and I can meet all of my present obligations.

Date: _____

Signed by: _____

Title: _____