



CREDIT APPLICATION

Company Information

Company Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Business Type: Sole Proprietor Partnership LLC Corporation State: _____

Years in Business: _____ Credit Line Requested: \$ _____

Please List At Least Three Partners or Corporate Officers

Name	Title	Years with Company	Phone

Person to Contact Regarding Purchase Orders and Invoice Payments

Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Please Provide At Least Two Bank References

Bank Name	Location	Account Name	Account #	Phone	Contact

Please Provide At Least Three Trade References

Company Name	Address	City	State	Phone	Fax	Contact

Please Read and Sign

The above information is submitted for the sole purpose of opening an account. I hereby certify the information to be true.

Signature: _____ Title: _____ Date: _____