



CREDIT APPLICATION

DATE _____

BUSINESS NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

CHECK ONE: INDIVIDUAL PARTNERSHIP CORPORATION

FULL NAME OF OWNER(S) HOME ADDRESS FOR PARTNERSHIP OR INDIVIDUAL
(or authorized officer(s) of corporation)

FEDERAL TAX NUMBER FOR CORPORATION _____

TYPE OF BUSINESS _____ DATE STARTED _____

FORMER BUSINESS _____ LOCATION _____

TRADE REFERENCES:

NAME	CITY/STATE	PHONE NO.	ACCOUNT NO.
_____	_____	(____)_____	_____
_____	_____	(____)_____	_____
_____	_____	(____)_____	_____

NAME OF BANK _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ ACCOUNT NO. _____

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices on receipt of statement.

BUSINESS NAME _____

BY _____ TITLE _____