



Business Name/Address

Legal Name:		Tax ID:
Physical Address:		
City:	State:	Zip:
Billing Address:		
City:	State:	Zip:
Phone:	Email:	
Fax:		

Company Information

Type of Business	In Business Since	Number of Employees
Legal Form under Which Business Operates: Corporation Partnership Proprietorship		
If Division/Subsidiary, Name of Parent Company		In Business Since:
Accounts Payable Contact	Accounts Payable Phone	
Accounts Payable Email		
PO Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Signature Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Invoices Receipt: <input type="checkbox"/> Mailed to Billing Address <input type="checkbox"/> Emailed to _____		

Bank Reference

Instution Name
Bank Contact
Bank Phone

Trade References

Company Name	Contact Name
Phone	Account Opened Since
Company Name	Contact Name
Phone	Account Opened Since
Company Name	Contact Name
Phone	Account Opened Since

I herby Certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it will be used to determine the amount and conditions of the credit to be extended. Furthermore, I herby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature _____ Date _____