

Commercial Credit Application



BILLING:

Name: _____

Address: _____

City/State/Zip: _____

E-Mail: _____

Phone: (____) _____

Fax (____) _____

Business Type: Sole Proprietor Partnership Corporation: State _____

How long in business: _____ Federal ID #: _____

Owner/Officer/Authorized Agent & Title	Address/Phone Number
_____	_____
_____	_____
_____	_____

Name of Person(s) to Contact Regarding Purchase Orders and Invoices, Title, Address, and Phone

Bank References/Account #	Bank Contact, Title, and Phone Number
_____	_____
_____	_____

Trade References: Company Name, Address, Contact and Title, and Phone Number

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

SIGNED _____

TITLE _____

DATE _____