

Business Credit Application

Company Information

Name of Business:			
Trade Names or DBAs:		In Business Since:	
Name of Parent Company:		In Business Since:	
Projected Annual Sales:	Tax ID Number:	DUNS #:	
Legal Form of Business:	Corporation	Partnership	LLC
	LLP	Other:	
Address:			
City:	State:	ZIP:	Phone:
Website:			

A/P Contact:

Name:		Title:	
Address:			
City:	State:	ZIP:	
Email:	Phone:	Fax:	

Bank References

Institution Name:	Account #:	Bank Contact:
Address:		
City:	State:	ZIP:
Phone:	Fax:	Email:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Email:	Email:	Email:
Address:	Address:	Address:
City:	City:	City:
State:	State:	State:
ZIP:	ZIP:	ZIP:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby 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.

A valid resale certificate must be submitted with this application, otherwise applicable sales tax will be added to each invoice.

_____ Name of Person Completing Form:	_____ Title:
_____ Signature:	_____ Date: