

BUSINESS CREDIT APPLICATION

COMPANY INFORMATION

COMPANT INFORMATION					
Company Name:			In Business Since:		
Address:		Legal Form Under Which Business Operates: Wholesaler Distributor Manufacturer Retailer Converter Partnership Corporation Proprietorship Individual/Sole Proprietor Limited Liability Corporation (LLC)			
Name of CEO:			Federal Tax ID: D&B No.:		
Order Contact Name:			*Sales tax will be held if Resale No./Certificate is not provided. Resale Permit No.:		
A/P Contact Name:			Annual Sales Volume: \$		
Telephone: Fax:			Expected Monthly Purchase Volume: \$		
Number of Employees: Number of Salespersons:			Expected Terms: Expected Credit Line:		
BANK REFERENCE					
Bank Name:			Bank Name:		
Address:			Address:		
Type of Account: Checking	Saving		Type of Account:	Checking	Saving
Account Number:			Account Number:		
Phone:			Phone:		
Fax:			Fax:		
TRADE REFERENCES					
Company Name:	Company Na	me:		Company Name:	
Contact Name: Contact Name:		e:		Contact Name:	
Contact Email: Contact Email:		il:	Contact Email:		
Address Address				Address	
City, State, Zip: City, State, Zip		ite, Zip:		City, State, Zip:	
Phone: Phone:				Phone:	
Fax:	Fax:			Fax:	
Account Opened Since: Account Opened Since:			Account Opened Since:		
Credit Limit: Credit Limit:			Credit Limit:		
Current Balance: Current Balance:			Current Balance:		
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. Signature: Print Name: Date:					
Signature. Print i			апте.		Date: