



APPLICATION FOR CREDIT

CREDIT LIMIT REQUESTED: \$ _____

DATE OF APPLICATION: _____

COMPANY TRADE NAME / EMPLOYER: _____

BUSINESS PHONE #: _____

BUSINESS FAX #: _____

HOW LONG HAVE YOU BEEN IN BUSINESS?: _____ YEAR(S) NATURE OF YOUR BUSINESS: _____

PRINCIPLES OF COMPANY? NAME & TITLE _____

DO YOU REQUIRE PURCHASE ORDERS? YES _____ NO _____

DO YOU REQUIRE MONTHLY STATEMENTS? YES _____ NO _____ FAX _____ EMAIL _____

WOULD YOU PREFER INVOICES BY EMAIL? YES _____ NO _____ EMAIL _____

BANK NAME AND BRANCH: _____

BANK ADDRESS: _____

CONTACT PERSON: _____

ACCOUNT NUMBER: _____

CREDIT REFERENCES: (INCLUDE NAME, ADDRESS, PHONE AND FAX #)

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

_____ CUSTOMER SIGNATURE	_____ TITLE	_____ DATE
_____ APPROVAL	_____ CREDIT LIMIT	_____ DATE
_____ LEVEL	_____ AUTHORIZATION	_____ SALESMAN

OUR CREDIT TERMS ARE NET 30 DAYS.