



CREDIT APPLICATION

FIRM NAME: _____ DATE: _____

ADDRESS: _____ ORDER CONTACT: _____

PHONE: _____

PAYABLES CONTACT: _____

PHONE: _____

PHONE: _____ PAYABLE CONTACT: _____

FAX: _____ PHONE: _____

NATURE OF BUSINESS: _____

HOW LONG IN BUSINESS: _____ HOW LONG AT PRESENT ADDRESS: _____

NAME AND ADDRESS OF BANK:

FAX: _____ PHONE: _____

TRADE REFERENCES:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

FAX: _____ FAX: _____

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

FAX: _____ FAX: _____

AUTHORIZATION TO REQUEST CREDIT INFORMATION FROM THE ABOVE MENTIONED REFERENCES:

NAME: _____ SIGNATURE: _____