



CREDIT APPLICATION

| Company Name | | |
|--|---------------------------------------|--------------------------|
| Billing Address | | |
| City | State | Zip |
| Shipping Address | | |
| City | State | Zip |
| Phone | Fax | |
| Accounts Payable Contact | Buyer Contact | |
| Receiving Hours Maximum Bundle | Weight Method of U | Inloading |
| * Material Certifications required with shipment: (check one) | Yes □ No □ | |
| * <u>Ownership:</u> Sole Proprietorship □ Partnership □ Co | rporation NAICS CODE | SIC CODE |
| Date EstablishedNumber of Emplo | oyees Type of Business | · |
| Company Owner Name | | |
| Principle | Principle | |
| , | Title) (Name) | (Title) |
| * Has the company or any associated company ever been bankru | | |
| If yes please explain | | |
| *TAXABLE: Yes No | | - |
| * <u>Trade References:</u> (Suppliers of major products and services w | | |
| 1) Company: | Phone# | |
| Fax# (A/R Cor | ntact Name | |
| 2) Company: | Phone# | |
| Fax# (| ntact Name | |
| 3) Company: | Phone# | · () |
| Fax# () A/R Cor | ntact Name | |
| * Bank References: (check those that apply) Checking \Box Sa | avings Available line of credit \$_ | |
| Bank NameAddr | ress | |
| Telephone # ()Cont | act Name | |
| * Application completed by(Print Name) | (Title) | |
| * Applicants Signature | | |
| *** <u>A TAX EXEMPT CERTIFICATE MUST BE COMF</u> | PLETED & RETURNED WITH THIS I | FORM IN ORDER TO PROCESS |
| FOF | R COMPANY USE ONLY | |
| Credit limit\$ Approved By | Date/ | IM |
| Inside Sales: Outside Sales | | |