



Credit Application

Terms Net 30

Date _____

Business Name _____

Address _____

City, State, Zip _____

Delivery address if different from above _____

Phone _____ **Fax** _____

____ Please email my statement (_____) ____ Please fax my statement # (_____)

____ I do not need a statement

Type Of Business _____ **Years In Business** _____

Contact Name _____ **Own or Rent?** _____

Contact email _____ **A/P email** _____

Principles:

President or Owner _____ **Partner** _____

Vice President _____ **Manager** _____

Requested Credit Line _____ **Tax Exempt #** _____

Are you tax exempt on the items you buy from us. **Yes** **No**

References:

Bank _____ **Ph.#** _____ **Fax#** _____ **Acct.#** _____

Supplier _____ **Ph.#** _____ **Fax#** _____ **Acct.#** _____

Supplier _____ **Ph.#** _____ **Fax#** _____ **Acct.#** _____

Supplier _____ **Ph.#** _____ **Fax#** _____ **Acct.#** _____

Signature _____ **Print Name** _____

Position _____ **Sales Rep.** _____