



APPLICATION FOR CREDIT

Name of Firm or Individual _____

Address _____

Billing Address _____

Years at this address _____ Phone Number (with Area Code) _____

HEREBY applies for credit in accordance with the terms and conditions of:

Interest charge of 1.5% per month accumulates on balances 30 days past due.

The following information must be provided. It will be held in the strictest confidence.

Corporation Partnership Sole Proprietor Other _____

Name of Principal(s) _____

Federal Identification # _____ Social Security # _____

Year Business Established _____ Tax Exempt: Yes ____ No ____ Tax Exempt # _____

Bank References:

Name _____ Address _____

Phone Number _____ Contact Person _____

Trade References:

Name _____ Address _____

Phone Number _____ Fax Number _____

Name _____ Address _____

Phone Number _____ Fax Number _____

Name _____ Address _____

Phone Number _____ Fax Number _____

Signature _____ Title _____ Date _____

