

## CREDIT APPLICATION

### APPLICANT INFORMATION

**Ship To:**

Name:

Current Address:

City:

State:

ZIP Code:

Tel:

Fax:

E-Mail:

**Bill To:**

Name:

Current Address:

City:

State:

ZIP Code:

Tel:

Fax:

E-Mail:

### BUSINESS INFORMATION

Owner/President:

Accounts Receivable Contact:

Purchasing Contact:

Sales Contact:

Customer Service:

### BANK INFORMATION

Name:

Street:

City:

State:

ZIP Code:

Tel:

Fax:

E-Mail:

### TRADE REFERENCES

Name:

Tel:

Fax:

E-Mail:

Name:

Tel:

Fax:

E-Mail:

Name:

Tel:

Fax:

E-Mail:

### CREDIT CARDS

Name	Account no.	Current balance	Monthly payment

By signing this application, I hereby verify that the information provided is truthful and accurate.

Signature of applicant

Date

Signature of co-applicant, if for joint account

Date