



Commercial Credit Application

Company Name/Purchaser _____

Mailing address _____

Physical address _____

Phone number _____ Fax number _____ Web Site _____

Years in business _____ Years under current management _____ D&B Duns Number _____

Type of business: Corporation _____ LP _____ LLC _____ Proprietorship _____ Partnership _____ Other _____

If incorporated: Fed. Tax I.D.# _____ State of Inc. _____ Year of Inc. _____

Give us a brief description of they nature, size, and scope of your business: _____

Accounts Payable Contact: _____ A/P Phone number _____

A/P E-Mail _____ A/P Fax number _____

Estimated monthly purchases \$ _____ Do you require a purchase order number? Yes / No

CREDIT REFERENCES:

Bank _____ City, State _____

Contact _____ Account Number _____

Phone _____ Fax _____

Name _____ City, State _____

Contact _____ Phone _____ Fax _____

Name _____ City, State _____

Contact _____ Phone _____ Fax _____

Name _____ City, State _____

Contact _____ Phone _____ Fax _____

OWNER INFORMATION

Full Name _____ E-Mail _____ Title _____

Home address _____

Home phone number _____ Date of birth _____ Social security # _____

Full Name _____ E-Mail _____ Title _____

Home address _____

Home phone number _____ Date of birth _____ Social security # _____

The undersigned represents that the information given in this application and in support of this application is complete and accurate and authorizes us to check with their bank, credit reporting agencies, credit references, and other sources disclosed herein to determine the credit worthiness of the Purchaser.

Signed: _____ Title: _____ Date: _____

It is our policy to secure a current financial statement from the applicant before an application is processed.