

ATTN: Credit Dept.



FOR OFFICE USE ONLY

DATE OPENED: _____

CREDIT LIMIT: _____

R/S CARD ON FILE: _____

SALESMAN: _____

CONFIDENTIAL CREDIT APPLICATION

BUSINESS NAME: _____

SHIPPING ADDRESS: _____ CITY, STATE & ZIP: _____

BILLING ADDRESS: _____ CITY, STATE & ZIP: _____

PHONE: () _____ TYPE OF BUSINESS: _____

DATE BUSINESS ESTABLISHED: _____ RESALE#: _____ STATE OF ISSUE: _____

CHECK ONE: INDIVIDUAL PROPRIETORSHIP () PARTNERSHIP () CORPORATION ()

PLEASE LIST OFFICERS OR PRINCLIPALS AUTHORIZED TO CONDUCT BUSINESS ON BEHALF OF YOUR BUSINESS

NAME: _____ POSITION: _____

HOME ADDRESS: _____

NAME: _____ POSITION: _____

HOME ADDRESS: _____

NAME: _____ POSITION: _____

HOME ADDRESS: _____

BANK

MAJOR BANK: _____ BRANCH: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

PHONE: _____ PERSON TO CONTACT: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

CREDIT REFERENCES

(AVIOD USING CREDIT CARD REFERENCES)

NAME ADDRESS CITY, STATE & ZIP PHONE#

1. _____

2. _____

3. _____

4. _____

THIS APPLICATION IS NOT COMPLETE UNTIL SIGNED BY AN AUTHORIZED REPRESENTATIVE OF YOUR BUSINESS AND RETURNED TO THIS OFFICE _____