

# CREDIT APPLICATION



Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated Annual Purchases: \$\_\_\_\_ Requested Credit Limit: \$\_\_\_\_  
mm dd yy

Tax Exempt? [ ] Yes [ ] No, If yes, please include Tax Exemption Certificate (Certificate #\_\_\_\_\_)

Are Purchase Orders used to place orders? [ ] Yes [ ] No, If no, how are orders placed? \_\_\_\_\_

## **Business Information**

Company Legal Name: \_\_\_\_\_

Trade Name - d/b/a: \_\_\_\_\_ D&B # \_\_\_\_\_

Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

Type of Ownership: ☐ "C" Corporation ☐ "S" Corporation ☐ Limited Liability

☐ Private ☐ Publicly Held ☐ Non-Profit ☐ Sole Proprietor

Type of Business: ☐ Manufacturer ☐ Dealer / Distributor ☐ Marketing Rep

[ ] Other: \_\_\_\_\_

Incorporation: State: \_\_\_\_\_ Year: \_\_\_\_\_ Tax Payer ID# \_\_\_\_\_

## **Contact Information**

Ph #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

### **Principals / Owners:**

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

### **Key Contacts:**

Purchasing: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_

Controller: \_\_\_\_\_

Shipping / Receiving: \_\_\_\_\_

### **Bank Reference**

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Representative: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_, \_\_\_\_\_

Ph #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fx #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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### **Trade References**

(1) Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Representative: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_, \_\_\_\_\_

Ph #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fx #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

(2) Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Representative: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_, \_\_\_\_\_

Ph #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fx #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

(3) Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Representative: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_, \_\_\_\_\_

Ph #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fx #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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### **Certification**

By signing below, you certify that the information provided above is true and correct to the best of your knowledge. You further authorize us to contact your credit references and solicit a credit report on your company.

Signed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_