

WILLOUGHBY INDUSTRIES, INC.

New Customer Credit Application



Please complete form in Adobe Acrobat, print, sign and fax to the number below

WILLOUGHBY

BUSINESS NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____

CITY: _____ STATE: 0 _____ ZIP: _____

☐ SOLE PROPRIETOR ☐ CORPORATION ☐ PARTNERSHIP

PRINCIPALS: _____

REQUESTED LINE OF CREDIT: _____

REFERENCES

BANK NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CONTACT: _____

CITY: _____ STATE: 0 _____ ZIP: _____

SUPPLIER NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CONTACT: _____

CITY: _____ STATE: 0 _____ ZIP: _____

SUPPLIER NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CONTACT: _____

CITY: _____ STATE: 0 _____ ZIP: _____

NAME: _____ TITLE: _____

DATE: _____

SIGNATURE _____

Print Form

Please fax to 317-638-6110 Attn: Accounting Dept