

Credit Application - Fax to: 866-332-3299

Company Details

COMPANY NAME: _____ PHONE: _____
STREET ADDRESS: _____ FAX: _____
CITY: _____ STATE: _____ ZIP: _____
BILLING ADDRESS (IF DIFFERENT FROM ABOVE): _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____ WEBSITE: _____
COMPANY IS A: CORPORATION PARTNERSHIP PROPRIETORSHIP L.L.C. P.L.C.
DUNS NO. _____ TAX ID: _____ ANNUAL SALES _____
YEARS IN BUSINESS _____

Company Contacts

BUYER: _____
PHONE: _____
EMAIL: _____
ACCOUNTS PAYABLE DEPT. _____
PHONE: _____
EMAIL: _____

Company Banking Info

BANK NAME: _____ ACCOUNT #: _____
BRANCH ADDRESS: _____ CITY/STATE/ZIP: _____
BANK CONTACT NAME: _____ PHONE: _____

Trade References (or attach)

VENDOR 1: _____ CONTACT: _____
PAYMENT ADDRESS: _____ CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____ ACCOUNT #: _____
VENDOR 2: _____ CONTACT: _____
PAYMENT ADDRESS: _____ CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____ ACCOUNT #: _____
VENDOR 3: _____ CONTACT: _____
PAYMENT ADDRESS: _____ CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____ ACCOUNT #: _____