



## Credit Application

Date: \_\_\_\_\_

Company Name			
Address			
City			
State		Zip	
Federal ID Number or Social Security Number			
DBA		Legal Name	
Phone Number		Fax Number	
Primary Contact		Owner Name	
Billing Address (if different from above)			
Address			
City			
State		Zip	
Type of Business			
How long at this location	Yrs	Previous location?	Yrs
Years in business			

**Bank References:**

Bank Name		Account Number	
Contact		Phone Number Fax number	

**Business References:** Other business from whom purchases have been made or services rendered on an open account basis.

Name		Phone Number	
Address		Contact	
Name		Phone Number	
Address		Contact	
Name		Phone Number	
Address		Contact	

Credit Card # \_\_\_\_\_

Exp Date: \_\_\_\_\_

Circle - Type of card (held on file):    American Express    MasterCard    Visa    Discover

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices within 30 days. There will be a \$15.00 service charge for any returned checks. The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

For fast credit approval please fax application to: (201) 641-8830