

Credit Application

Date:	Purchase Order Required?	YES	NO
Is your organization Sales Tax Exempt? YES NO (If yes, please comply & return a Tax Exemption Certificate)			

#1 Information

Full Legal Business Name	Business Phone Number () -	Business Fax Number () -	
Physical Address	City	State	Zip Code
Billing Address (if different than above)	City	State	Zip Code

#2 Business Credit Information

Authorized Officer	Title		
Contact	Main Industry of Business		
DUNS Number	DBA or AKA	If Subsidiary, Name of Parent Company	
Taxpayer ID #	No. of Employees	Business Type	
Annual Sales	In Business Since	No. of Locations	

#3 Bank Reference

Bank Name	Contact	Phone Number () -	
Bank Address	City	State	Zip Code

#4 Trade References

1. Business Name	Address		
City	State	Zip Code	
Trade Contact	Phone Number () -		
2. Business Name	Address		
City	State	Zip Code	
Trade Contact	Phone Number () -		

#5 Personal Guaranty & Signature Required

THIS SECTION MUST BE COMPLETED IF YOUR ORGANIZATION IS A 1.) PARTNERSHIP, 2.) AN UNINCORPORATED BUSINESS, 3.) A SOLE PROPRIETORSHIP OR 4.) A CORPORATION IN BUSINESS LESS THAN ONE YEAR.

First Name	Middle Initial	Last Name	Social Security Number
Present Home Address		Home Phone Number () -	
City	State	Zip Code	

Authorized Signature: _____ Date: _____

#6 Signature Required

THIS SECTION MUST BE COMPLETED IF YOU ARE A GOVERNMENT OR OTHER NON-PROFIT ENTITY OR A CORPORATION IN BUSINESS FOR MORE THAN ONE YEAR.

If you have not been incorporated for more than one year, please refer to Section #5 above.

Officer or Authorized Signature: _____ Date: _____