

CREDIT APPLICATION

FOR CREDIT PURPOSES ONLY - CONFIDENTIAL



COMPANY INFORMATION			
Business Name (full legal title)			
Address		Suite No.	Phone No.
City		State	Zip
Type of Business <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S Corp		Federal ID No. (Please provide sales tax / exemption certificate if applicable)	
Years in business	E-mail address		
Owner's name		SSN	
Home address		City	State Zip
Phone No.	Driver's License No.		State

BANK REFERENCE			
Name	City	State	Phone No.
1. Checking Account No.			

SUPPLIER REFERENCES			
Name	City	State	Phone No.
1.			
Name	City	State	Phone No.
2.			

TERMS OF CREDIT

The undersigned party hereby personally guarantees unconditionally and irrevocably the full and prompt payment, observance and performance when due of all obligations and certifies, under penalty of perjury, that the above information is true and correct. This will be your authorization and our request to you to release any information requested concerning personal or business credit standing. The undersigned hereby accepts the Terms and Conditions of sale as set forth on the reverse side of this document.

Authorized Signature

Printed Name and Title

Date