



Commercial Credit Application

Bill To Address:

Ship To Address:

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Credit Mgr _____

E-Mail _____

Phone _____

Phone _____

Business Type: Sole Proprietor Partnership Corporation: State _____

How long in business: _____ D&B Number: _____

Names/Addresses of Individuals or Partners	-or-	Name/Title/Phone Number of Corporate Officers
_____		_____
_____		_____
_____		_____

Name of Person to Contact Regarding Purchase Orders and Invoices, Title, Address, and Phone

Bank Reference	Account Number, Contact, Title, and Phone Number
_____	_____
_____	_____

Trade References: Company Name, Address, Contact and Title, and Phone Number

<p>The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.</p>	<p>SIGNED _____</p> <p>TITLE _____</p> <p>DATE _____</p>
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