



CUSTOMER CREDIT APPLICATION

Contact _____ Date _____

Company _____

Billing address _____

City, state, zip _____

Shipping address _____

City, state, zip _____

Controller _____

Purchasing Agent _____

Telephone _____

Fax _____

BACKGROUND INFORMATION

Corporation _____ Partnership _____ Proprietorship _____

Officers or Partners _____

Type of Business _____

Year Business Established _____

Federal ID # _____

BANK REFERENCES

Bank _____

Address _____

City, State, Zip _____

Telephone _____ Fax _____

Checking Account # _____

Contact Person _____

