



BUSINESS CREDIT APPLICATION

Company Name		Type of Business	Phone Number	Fax Number	
Billing Address			Shipping Address		
Type of Ownership:	Corporation: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Sole Proprietor: <input type="checkbox"/>	Government: <input type="checkbox"/>	Non-Profit: <input type="checkbox"/>
Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Federal Tax ID#:		Years In Business:		
(If yes, please include resale card with application):					
Parent Company Name if Different than Above:					
Address, City, State, Zip			Phone Number	Fax Number	
Bank References					
1)	Name:		Phone:	Fax:	
	Acct#:		Contact:		
2)	Name:		Phone:	Fax:	
	Acct#:		Contact:		
Open Accounts References					
1)	Company:		Contact:	Phone:	
	Address:			Fax:	
2)	Company:		Contact:	Phone:	
	Address:			Fax:	
3)	Company:		Contact:	Phone:	
	Address:			Fax:	
Amount of Credit Requested: \$					
I hereby certify that the information in this credit application is correct. The information included in this credit application is to be used to determine the amount and conditions of credit to be extended. I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist in establishing a line of credit.					
Authorized Signature:				Date:	
Printed Name:				Title:	