

OFFICE USE ONLY
OUTSIDE SALES #:
INSIDE SALES #:

DATE: _____

CREDIT APPLICATION

LEGAL COMPANY NAME:		
FEIN:	DUNS:	
TYPE OF BUSINESS:	NUMBER OF YEARS IN BUSINESS:	
BUSINESS ENTITY (CHECK ONE): <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> OTHER		
BILLING ADDRESS:		
CITY:	STATE:	ZIP CODE:
SHIP TO ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:	FAX NUMBER:	
PURCHASING CONTACT:		PHONE:
ACCOUNTS PAYABLE CONTACT:		PHONE:
FAX NUMBER:	EMAIL:	
INVOICE PREFERENCE: <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX <input type="checkbox"/> MAIL		

TRADE AND CREDIT REFERENCES

NAME:	ADDRESS:	
CITY:	STATE:	ZIP CODE:
PHONE:	FAX NUMBER:	
NAME:	ADDRESS:	
CITY:	STATE:	ZIP CODE:
PHONE:	FAX NUMBER:	
NAME:	ADDRESS:	
CITY:	STATE:	ZIP CODE:
PHONE:	FAX NUMBER:	

BANK REFERENCE

NAME OF BANK:	ADDRESS:
CONTACT:	ACCOUNTS MAINTAINED:

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PRINTED NAME: _____	TAX ID: _____
SIGNATURE: _____	TAX EXEMPT? <input type="checkbox"/> YES <input type="checkbox"/> NO
TITLE: _____	*If yes, please include tax certification.