



CUSTOMER CREDIT APPLICATION

Exact Legal Name of Company:
Doing Business As:
Website Address:
Billing Address:
City: State: Zip Code:
Shipping Address:
City: State: Zip Code:
Year Business Started: Number of Employees:
D&B Number: State of Incorporation:
Federal Tax ID: Financial Year End:

Bank Reference:

Bank Name:
Bank Address:
City: State: Zip Code:
Type of Account:..... Account#:
Type of Account: Account#:

Credit References:

1)
Name: Contact Name:
Phone: Fax:
Address:
2)
Name: Contact Name:
Phone: Fax:
Address:
3)
Name: Contact Name:
Phone: Fax:
Address:

Company Contacts:

Owner/Manager:Phone:
Email:
VP/Director of Sales:Phone:
Email:
Purchasing Agent:Phone:
Email:

Company Financials:

Total Company Revenue: \$.....
Number of Locations: Years in Business:
Number of Sales Employees:

Credit Requested:

Amount of Credit requested: \$.....
Terms:

AUTHORIZED SIGNATURE:
DATE:
Printed Name:
Title:
Email Address: