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CONFIDENTIAL CREDIT APPLICATION

Please complete the following credit application and return it via fax to the number listed below.
If you are using a pre-printed form, please sign and date this application and fax it back along with your form.

Company Name: _____

Federal Tax Id Number: _____ Resale Certificate Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Bank Name: _____ Account#: _____

Contact: _____ Fax: _____

Trade Reference #1: _____ Fax: _____

Contact: _____ Phone: _____

Trade Reference #2: _____ Fax: _____

Contact: _____ Phone: _____

Trade Reference #3: _____ Fax: _____

Contact: _____ Phone: _____

Trade Reference #4: _____ Fax: _____

Contact: _____ Phone: _____

By signing this application, you certify that you understand that the above information is provided for the purpose of extending credit terms to your company. To the best of your knowledge and belief, the information is accurate and may be relied upon in making our credit decision and that you authorize your bank and suppliers to furnish us with any information necessary to complete our evaluation of your credit history. Your signature is also required to certify that you agree to pay any and all invoices as billed as well as any collection agency and or attorney fees if necessary to collect any outstanding debt.

Authorized signature: _____

Title: _____ Date: _____