



CONFIDENTIAL CREDIT APPLICATION

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Type of Business: _____ Date Established: _____

Phone Number: _____ Fax Number: _____

Accounts Payable Contact: _____

Bank: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Officer: _____ Acct. Number: _____

Four Trade References, Addresses, Phone Numbers, Fax Numbers, and Email Addresses:

1.) _____

2.) _____

3.) _____

4.) _____

Estimated Monthly Purchases: _____ Credit Line Requested: _____

Signature _____

Title: _____ Date: _____