



APPLICATION FOR CREDIT

NAME PHONE FAX

MAILING ADDRESS CITY STATE ZIP

CONTACT PERSON FEDERAL ID# STATE TAX EXEMPT#

CHECK ONE:

SOLE PROPRIETOR ( ) PARTNERSHIP ( ) CORPORATION ( )

TRADE REFERNCES ADDRESS PHONE

1)

2)

3)

4)

BANK REFERENCE-NAME & ACCOUNT NUMBER BRANCH

ADDRESS CITY STATE ZIP

CUSTOMER SIGNATURE TITLE DATE

FOR OFFICE USE ONLY

DATE CUSTOMER

DATE OPENED LAST SALE HIGH CREDIT OWES PAST DUE TERMS PMT EXP

1)

2)

3)

4)

RECOMMENDED CREDIT LINE

MANAGER APPROVAL DATE