

CREDIT APPLICATION

Account Number (For Office Use Only)		Sales Rep.

DOCUMENTS MUST BE FULLY COMPLETED BEFORE AN ACCOUNT CAN BE OPENED.

Have you had an account with us before?YesYes	No If yes, under what account name/number?					
DESCRIPTION OF BUSINESS (Please type or print)						
Date business established:	Length of time at current address: Years Months					
This company is a (check one): C-Corp, State e Sole Proprietor	of Incorporation S-Corp, State of Incorporation rshipPartnershipLLC (if LLC, must enclose Articles of Organization)					
Ownership:Public						
Is there a parent corp. or subsidiary?Parent	(Complete Attached Form) Subsidiary Parent or Subsidiary name					
Dun & Bradstreet #						
Legal Business Name - As it appears on business license (Requ						
Business Trade Name - DBA (Required if using DBA name)						
Business Street Address - Bill To (Requited)	Authorized Purchaser(s)(Must be listed to receive information)					
City, State, Zip Code, County, Country	E-Mail Address					
Business Phone Number	Authorized Purchaser(s)(Must be listed to receive information)					
Business Fax Number (Required)						
Business Web Site Address	Accounts Payable Contact & Phone/Ext					
SHIPPING ADDRESS (If more than one, please attach	n list) E-Mail Address					
Street Address	City, State, Zip Code					

TERMS REQUESTED:PREPAID (Wire transfer, ACH)COD			CREDIT CARD (MasterCard & VISA only) DINET TERMS - Credit Line Requested \$		
TRADE REFE	RENCES (RELATED IN	DUSTRY PURCHASES	DURING T	HE PAST 12 MONTHS)	
Name	Address	Telephone	Fax#	Account#	
Name	Address	Telephone	Fax#	Account#	
Name	Address	Telephone	Fax#	Account#	
BANK REFER	RENCES - PLEASE COM		· -	ase attach list)	
		Account Officer's			
	ount Number et, City, State, Zip Code &				
Savings Accou	unt Number				
Telephone Nu	mber	Fax Number			
Loan Number					
	CREDIT CARD INFO	ORMATION - PLEASE C	OMPLETE 1	FULLY	
	_ Visa E d				
I am an author when requested	ized signer on the above od.	card and hereby give peri	mission to bi	ll my credit card	
Print Name					
Billing Addre	ss for Card Holder				
(Street/P.O. B	Sox, City, State, Zip)				
Telephone Nu	imber at the Billing Add	ress			
Signature	Date _				
•	State Sales Tax Certifica 'YesNo	ate (for Product Resale)	in the state i	n which your company	
Tax Certificat	e#	State			