



Credit Application

Payment Terms: Net 30 Days

New Customer Information

A/P Contact Name:
Company Name:

Phone:
Email:
Fax:

Billing Information

Shipping Information

Company Name:
Billing Address:
City:
State:
Zip:
Country:

Company Name:
Shipping Address:
City:
State:
Zip:
Country:

Other

Federal ID#:
State ID#:
DNBC/SIC Code:
If Your Company a: Corporation
 Partnership
 Sole Proprietorship
Date Business Established:
Type of Business:
No of Employees:

Tax Exempt: Yes No

Note: If Tax Exempt in the States of TX, we must have a Tax Exempt Certificate on file.

If Corporation, then what state?
President/Owner:
Zip:
A/P Contact:

Bank Reference

Bank Name:
Account#:
Fax #:
 Checking Savings

Contact Person:
Phone#:
Email:

Trade References

Ref#1

Company Name:
Address:
City/ST:
Contact:
Phone:
Fax:
Email:

Ref#2

Company Name:
Address:
City/ST:
Contact:
Phone:
Fax:
Email:

Ref#3

Company Name:
Address:
City/ST:
Contact:
Phone:
Fax:
Email:

Ref#4

Company Name:
Address:
City/ST:
Contact:
Phone:
Fax:
Email:

Authorized Signature for release of credit information: