



CREDIT APPLICATION

DATE: _____

COMPANY:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

FAX: _____

OWNERS:

YEARS IN BUSINESS: _____

BANK:

NAME: _____

ADDRESS: _____

CITY/STATE: _____

TELEPHONE: _____

ACCOUNT: _____

ACCOUNTS PAYABLE:

CONTACT: _____

PHONE: _____

FAX: _____

REFERENCES:

1. NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

FAX: _____

2. NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

FAX: _____

3. NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

FAX: _____

4. NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

FAX: _____