

CREDIT APPLICATION

Company:

Billing Address:

Ship To:

City:

County:

State:

Zip Code:

Contact For Payment Info:

Telephone #:

Nature of Business:    Non-Profit    Proprietorship    Limited partnership    Corporation

Full Name of Owner or Principal Officers:

Title:

Title:

Sales Tax Exemption #:

Company Bank References:

Name of Bank / Branch:

Trade References:

Name of Supplier:

City / State:

Telephone #:

Fax #:

Name of Supplier:

City / State:

Telephone #:

Fax #:

Name of Supplier:

City / State:

Telephone #:

Fax #:

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

---

Signature

Date