

CREDIT ACCOUNT APPLICATION



Date: _____

BUSINESS TYPE: ___ Individual/Proprietor ___ Corporation ___ Partnership ___ Other _____

Fed Tax ID#: _____ DUNS #: _____

Number of Years in Business: _____ Phone #: _____ Fax #: _____

COMPANY NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME, TITLE, AND PHONE NUMBER OF CORPORATE OFFICERS:

NAME:

TITLE:

PHONE NUMBER:

NAME:	TITLE:	PHONE NUMBER:

NAME OF PERSON TO CONTACT REGARDING PURCHASE ORDERS AND INVOICE PAYMENTS:

WILL PURCHASE BE TAX EXEMPT? _____ YES _____ NO _____ SOMETIMES
 IF YES, PLEASE ATTACH A COPY OF EXEMPTION DOCUMENT

BANK REFERENCE:

BANK CONTACT PERSON/ACCOUNT #/PHONE #

_____ CONTACT: _____

_____ ACCOUNT #: _____

_____ PHONE #: _____ FAX #: _____

TRADE REFERENCES: Company Name, Address, Contact Person, Phone & Fax Numbers

The above information is herewith submitted for the purpose of opening an account, and I do hereby certify this information to be true.

 Signature & Title

 Date

