

CREDIT APPLICATION

COMPANY INFORMATION

COMPANY NAME: _____

SHIPPING ADDRESS: _____

BILLING ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

STRUCTURE OF BUSINESS: SOLE PROPRIETOR PARTNERSHIP CORPORATION

NATURE OF BUSINESS: _____

BUSINESS REGISTRATION DATE: _____ BUSINESS REGISTRATION No.: _____

BANK NAME: _____ PHONE No.: _____ FAX No.: _____

BANK ADDRESS: _____

BANK ACCOUNT NUMBER: _____ BANK CONTACT: _____

PURCHASING CONTACT: _____ ACCOUNTS PAYABLE CONTACT: _____

CREDIT LIMIT REQUESTED? _____ ACCOUNTS PAYABLE EMAIL: _____

INFORMATION OF PRINCIPAL(S):

LAST NAME: _____ FIRST NAME: _____ TITLE: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

LAST NAME: _____ FIRST NAME: _____ TITLE: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

REFERENCES: FIRMS PRESENTLY EXTENDING YOUR COMPANY CREDIT

TRADE REFERENCE #1 NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

TRADE REFERENCE #2 NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

