

CONFIDENTIAL CREDIT APPLICATION
 (Please complete all blanks.)



Superior Service Since 1932

Name

Address

Phone Number

FAX Number

PROFILE: Business started: D & B Rated?

Territory

OWNERSHIP:

Individual SSN

Partnership

Corporation Federal ID

Public Private ** Accounts Payable Manager

Name Title

Name Title

Name Title

Payables are processed: Weekly BiWeekly Monthly

FINANCIAL

Bank Name

Address

City, State Zip

Officer

Phone Number

Accounts:

Checking #

Savings #

Loan #

Loan #

BUSINESS/SUPPLIER REFERENCES

	Name	Phone #	FAX #
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>

We grant permission to contact any and all trade and bank references listed above.

Applicant's signature attests to financial responsibility and willingness to pay our invoices in accordance with the following terms: **1 % 10 net 30 days.**

Credit Limit Requested: \$!!! Important !!!

Officer Signature: _____ Title Date