

**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