

APPLICATION FOR CREDIT

NAME OF FIRM OR INDIVIDUAL:

ADDRESS:

CITY, STATE, ZIP CODE:

NO. OF YEARS AT THIS ADDRESS:

TELEPHONE:

The following information must be completed in full and will be held in the strictest confidence.

_____CORPORATION _____PARTNERSHIP _____INDIVIDUAL

_____ Check here if incorporated within the last 12 months.

NAME(S) OF PRINCIPALS: ADDRESS:

TELEPHONE:

NAME OF BANK AND LOCATION:

PERSON TO CONTACT:

ACCOUNT NO.:

TRADE REFERENCES:

NAMES:

ADDRESS:

TELEPHONE:

1. _____

2. _____

3. _____

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

Date: _____

SUBMITTED BY:

TITLE: