



## Credit Account Application

COMPANY NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_

DATE OF INCORPORATION: \_\_\_\_\_ FEDERAL ID #: \_\_\_\_\_

### OWNERSHIP:

Principal: \_\_\_\_\_

Name/Title

Phone Number

E-Mail

Principal: \_\_\_\_\_

Name/Title

Phone Number

E-Mail

Principal: \_\_\_\_\_

Name/Title

Phone Number

E-Mail

WEB ADDRESS: \_\_\_\_\_

### PURCHASE ORDER CONTACT NAME

### INVOICE PAYMENT CONTACT NAME

Name/Title: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### BANK REFERENCE:

Bank Name: \_\_\_\_\_

Contact/Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Account #: \_\_\_\_\_

**TRADE REFERENCES:**

| Company Name | Contact/Title | Address | Phone/Fax |
|--------------|---------------|---------|-----------|
| _____        | _____         | _____   | _____     |
| _____        | _____         | _____   | _____     |
| _____        | _____         | _____   | _____     |
| _____        | _____         | _____   | _____     |

(ATTACH AS NEEDED)

SALES TAX EXEMPTION – PLEASE ATTACH APPLICABLE CERTIFICATE.

|   |   |
|---|---|
| The above information is herewith submitted<br>for the purpose of opening an account and I<br>do hereby certify this information to be correct. | <b>Signed:</b> _____<br><b>Title:</b> _____<br><b>Date:</b> _____ |
|---|---|