

CREDIT APPLICATION

Company Information:

_____ Company Name		_____ DBA	
_____ Billing Address	_____ City	_____ State	_____ ZIP Code
_____ Shipping Address	_____ City	_____ State	_____ ZIP Code
_____ Website	_____ Phone #	_____ Fax #	

Business Information:

_____ Type of Business (Exporter, Distributor, Manufacturer of..., etc.)		_____ In Business Since	_____ Number of Employees				
Business Structure:	Corporation	Partnership	LLC	Sole Proprietorship	Tax Exempt:	Yes	No
_____ State of Incorporation	_____ Federal Tax ID #	_____ SSN (If applicable)		_____ Annual Purchases	_____ Annual Sales		

Principals of Company:

_____ Name	_____ Title
_____ Name	_____ Title
_____ Name	_____ Title

Bank Reference:

_____ Bank Name		_____ Contact Name		_____ Title
_____ City	_____ State	_____ Phone #	_____ Fax #	
_____ Account Type	_____ Account Number	_____ Account Type	_____ Account Number	

In consideration of credit services to be given, I authorize you to contact references and authorize their release of essential information.

_____ Name	_____ Title
_____ Signature	_____ Date