

Credit Application

Firm Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____

Name of Owners, Partners, or Officers: _____

Is your business: A__ Individually Owned; or B__ Partnership; C__ Corporation (check which one)

What kind of business: _____

How long has present owner operated this Business: _____

Name and address of Parent or Affiliate: _____

Bank: _____

Checking Account No.: _____

Savings: _____

Loan: _____

Bank: _____

Checking Account No.: _____

Savings: _____

Loan: _____

List below the names of the principal firms with whom you have est. credit

Firm name	Street name	City	State	Phone

Are you listed in Dun& Bradstreet? _____

If you are Tax exempt please include copy of Tax-exempt Certificate.

State Sales Tax Rate: _____ or State Sales Tax Exemption Number: _____

Name: _____ Title _____ Date / / _____