



CREDIT APPLICATION

Please complete this credit package and fax to:
Fax: 386.872.4788
Credit Department

Date of Application: _____

CUSTOMER INFORMATION:

Name of Applicant (Write full legal name) _____

()

Business Telephone _____

()

Business Fax _____

Street Address _____

City _____

County _____

Mailing Address _____

City _____

County _____

SS Number or Fed ID Number _____

E-Mail Address _____

()

Cell Phone _____

()

Accounts Payable Contact/Phone _____

State _____

Zip Code _____

DUNS # _____

State _____

Zip Code _____

OWNERSHIP INFORMATION:

_____ Corporation

_____ LLC

State _____

Year _____

_____ Partnership

_____ Proprietorship

_____ Other

LIST CORPORATE OFFICERS, PARTNERS OR OWNERS:

NAME	TITLE	SS #	HOME PHONE

Name(s) and Address(es) of Associated Entities: _____

Sales Tax Exempt? _____ Y or N

If yes, please attach State Exemption Certificate

Purchase Order # Required? _____ Y or N

Credit Line Requested: _____ Number of Employees _____

Bankruptcy? _____ Y or N

Date Filed: _____ Annual Sales Estimate _____

BANK REFERENCES:

Bank Name _____ Contact Person _____ Phone _____ Fax _____

Checking Account # _____ Savings Account # _____

TRADE REFERENCES (THREE REQUIRED):

Please do not include standard utility references.

Company Name _____ Contact Person _____ Account # _____ Phone _____ Fax _____

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