



**CREDIT APPLICATION FOR
OPEN ACCOUNT STATUS**

PLEASE PRINT OR TYPE

OUR TERMS ARE 1% 10; NET 30

BILLING ADDRESS

Trade name: _____
Address: _____
City: _____ St: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____

SHIPPING ADDRESS

Name: _____
Address: _____
City: _____ St: _____ Zip: _____

Type of business _____

Date Established: _____

Legal entity:
_____ Corporation
_____ Partnership
_____ Proprietorship

Accounts Payable
Contact: _____
Phone: _____
Fax: _____

(If a corporation, list names of officers and titles. If other entity, list names of partners or owners.)

Name: _____ Title: _____
Name: _____ Title: _____

BANK

Name: _____ Address: _____
Phone: _____ Account number: _____
Fax: _____ Contact: _____

TRADE REFERENCES

Company: _____ Address: _____
Phone: _____ City: _____
Fax: _____ State: _____ Zip: _____

Company: _____ Address: _____
Phone: _____ City: _____
Fax: _____ State: _____ Zip: _____

Company: _____ Address: _____
Phone: _____ City: _____
Fax: _____ State: _____ Zip: _____

Our company is financially able to meet any commitments we will make and we expect to pay your invoices according to your terms.

Signed by: _____ Title: _____ Date: _____