

NEW ACCOUNT CREDIT APPLICATION

COMPANY NAME: _____ CONTACT NAME: _____
ADDRESS: _____ PHONE: _____
CITY / STATE: _____ FAX: _____
ZIP CODE: _____ EMAIL: _____

YEARS IN BUSINESS: _____ BUSINESS TYPE: _____
OWNER / PRESIDENT: _____ STATE INCORPORATED: _____
STATE TAX EXEMPT#: _____ BUSINESS STRUCTURE: _____
FEDERAL TAX ID#: _____ DUNS #: _____

BANK ACCOUNT INFO

ACCOUNT #: _____
BANK NAME: _____
ADDRESS: _____
CITY / STATE / ZIP CODE: _____
PHONE: _____
CONTACT PERSON: _____

SALES REPRESENTATIVE

CREDIT REFERENCES

VENDOR NAME #1: _____	VENDOR NAME #2: _____
ADDRESS: _____	ADDRESS: _____
CITY / STATE: _____	CITY / STATE: _____
ZIP CODE: _____	ZIP CODE: _____
PHONE: _____	PHONE: _____
CONTACT PERSON: _____	CONTACT PERSON: _____
ACCOUNT #: _____	ACCOUNT #: _____
VENDOR NAME #3: _____	VENDOR NAME #4: _____
ADDRESS: _____	ADDRESS: _____
CITY / STATE: _____	CITY / STATE: _____
ZIP CODE: _____	ZIP CODE: _____
PHONE: _____	PHONE: _____
CONTACT PERSON: _____	CONTACT PERSON: _____
ACCOUNT #: _____	ACCOUNT #: _____

TERMS: 30 DAYS FROM DATE OF SHIPMENT.

SIGNATURE: _____ TITLE: _____ DATE: _____