



Credit Application

CUSTOMER INFORMATION

Customer Name: _____

Address: _____

City - State- Zip: _____

Owner or President: _____

Purchasing Contac: _____

Telephone: _____

Fax: _____

e-mail: _____

Check below if comany is a:

Coorporation

Partnership

Sole Propiotorship

Attach a Financial Statement
Whenever Possible

REFERENCE 1

Name: _____

Address: _____

City-State-Zip: _____

Telephone: _____ **Fax:** _____

Contact: _____

REFERENCE 2

Name: _____

Address: _____

City-State-Zip: _____

Telephone: _____ **Fax:** _____

Contact: _____

REFERENCE 3

Name: _____

Address: _____

City-State-Zip: _____

Telephone: _____ **Fax:** _____

Contact: _____

REFERENCE 4

Name: _____

Address: _____

City-State-Zip: _____

Telephone: _____ **Fax:** _____

Contact: _____

REFERENCE 5

Name: _____

Address: _____

City-State-Zip: _____

Telephone: _____ **Fax:** _____

Contact: _____

REFERENCE 6

Name: _____

Address: _____

City-State-Zip: _____

Telephone: _____ **Fax:** _____

Contact: _____

