

Commercial Credit Application

T Name _____
O Address _____
City/State/Zip _____
Credit Mgr _____
Phone _____

F Name _____
R Address _____
O City/State/Zip _____
M E-Mail _____
Phone _____

Business Type: Sole Proprietor Partnership Corporation: State _____

How long in business: _____ D&B Number: _____

Names/Addresses of Individuals or Partners	-or-	Name/Title/Phone Number of Corporate Officers
_____		_____
_____		_____
_____		_____

Name of Person to Contact Regarding Purchase Orders and Invoices, Title, Address, and Phone

Bank Reference	Account Number, Contact, Title, and Phone Number
_____	_____
_____	_____

Trade References: Company Name, Address, Contact and Title, and Phone Number

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.	SIGNED _____
	TITLE _____
	DATE _____