

CREDIT APPLICATION AND CUSTOMER PROFILE



Name _____

Phone No. _____ Fax No. _____

Shipping Address _____

Billing Address _____ City _____ State ____ Zip _____

Business Description _____

Number of years in Business _____ Number of years at this location _____

Federal ID No. _____ Requested Credit Line _____

Purchasing Manager _____ Phone No. _____

Do you require purchase order numbers? _____ E-Mail _____

Accounts Payable Manager _____ Phone No. _____

E-Mail _____

Owner or Manager _____ Phone No. _____

Is company listed in Dun & Bradstreet? _____ E-Mail _____

Type of Business: Corporation in State of _____

Subsidiary _____ Division _____ Partnership _____ Sole Proprietorship _____

Will you be purchasing for Resale – Sales Tax Exempt? __ Yes __ No. If yes, attach your Sales Tax Exemption Certificate or complete the attached Sales Tax Certificate.

We will charge sales tax unless we receive your Sales Tax Certificate.

Please list five active suppliers

Phone Number and Fax Number

Name, Address, City, State and Zip Code

1. _____

2. _____

3. _____

4. _____

5. _____

Bank Reference

Name _____

Address _____

City _____ State ____ Zip _____

Date: _____

Phone No. _____

Contact Person _____

Account No. _____

Signed _____

Title _____