



TO OUR VALUED CUSTOMER:

It is our goal to provide you with the best and most efficient service available. In order for us to expedite the processing of this credit application, we request that you fully complete and sign in the proper place. Should we require additional information in order to make a fair evaluation, you will be notified by the Credit Department or your salesperson. Thank You.

BUSINESS INFORMATION

Business Name: _____
 Street Address: _____ City, State, Zip: _____
 Mailing Address: _____ City, State, Zip: _____
 County: _____ Business Phone: _____ (Please include area code)
 Business Fax: _____ E-Mail: _____ Website: _____
 Type of Business: Corporation Partnership Proprietorship LLC LLP
 Year Established: _____ if incorporated, in what state: _____

PRINCIPAL OWNERS OR ALL PARTNERS

Name: _____	Name: _____
Title: _____	Title: _____
Branch Location: _____	Branch Location: _____
Phone #: _____	Phone #: _____
Federal Tax ID #: _____	Resale Certificate #: _____
Checking Bank Name: _____	Phone #: _____
Account Info: _____	Phone #: _____

BUSINESS TRADE REFERENCES

(List 3-5 firms where business credit has been established, or a trade reference sheet)
 *****MUST INCLUDE FAX NUMBERS*****

NAME	ADDRESS	PHONE	FAX

Does applicant pay sales tax? Yes No **(If no, copy of certificate must be attached.)**
 Does applicant require the use of purchase order numbers and/or job names on invoices? Yes No