



APPLICATION FOR CREDIT

FAX BACK TO 800-832-5477

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Type of organization Corp _____ Proprietorship _____ Partnership _____ LLC _____

President _____ Home Phone _____

Controller _____ Home Phone _____

Name of Accounts Payable Representative _____

Names of Authorized Buyers _____

If Incorporated State of Incorporation _____ Date Incorporated _____

Signature (President) _____ Date _____

Signature (Treasurer) _____ Date _____

Principal Suppliers:

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**TERMS ARE NET 30 DAYS. ALL INVOICES MUST BE PAID WITHIN TERMS OR
FURTURE ORDERS WILL BE HELD UNTIL PAYMENT HAS BEEN RECEIVED.**