

CREDIT APPLICATION			
BUSINESS CONTACT INFORMATION			
Company Name:			
Phone:	Fax:	Email:	
Registered Company Address:			
City:	State:	ZIP Code:	
Accts. Payable Contact:			Years in Business:
Sole Proprietorship:	Partnership:	Corporation:	Other:
CREDIT INFORMATION			
Bank Name:		ABA Routing No.	
Bank Address:		Phone:	
City:	State:	ZIP Code:	
Account #			
Tax Exempt? YES <input type="checkbox"/> NO <input type="checkbox"/> (If Yes, please attach IRS exemption certificate)			
BUSINESS/TRADE REFERENCES			
Company Name:			
Address:			
City:	State	ZIP Code:	
Phone:	FAX:	E-mail:	
Company Name:			
Address:			
City:	State	ZIP Code:	
Phone:	FAX:	E-mail:	
Company Name:			
Address:			
City:	State	ZIP Code:	
Phone:	FAX:	E-mail:	
AGREEMENT			
Please accept the above application for a line of credit with your company. We hereby confirm that the above stated information is true and correct to the best of our knowledge. Should credit terms be extended to our organization, we hereby agree to comply with Net 30 terms, subject to past due service charges of 5% per month on any balance overdue beyond 30 days. We also agree to pay any and all collection expenses, should any be incurred.			
SIGNATURE			
Title:		Date:	