

## CREDIT APPLICATION

Company Name		Phone Number	
Company Address (Street)	(City)	(State)	(Zip Code)
Billing Address (if different from above)	(City)	(State)	(Zip Code)

Tax Exempt:  Yes  No If yes, please provide NUMBER:

Type of Organization:  Proprietorship  Partnership  Corporation  L.L.C.

State of Incorporation:	Date of Incorporation:
President :	Vice President:
Purchasing Agent:	Accounts Payable:
Established Business:	Tax ID Number:

### BANK REFERENCE

Bank Reference:	Account Number:
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Contact:

Address (Street)	(City)	(State)	(Zip Code)
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date