



"WHERE THE BEST NAMES ARE SEEN"®

Credit Application

OPEN ACCOUNT CREDIT APPLICATION

Account Name _____

Street _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Customer Contact _____ Title _____

Accounts Payable Contact _____

BUSINESS TYPE:

Sole Proprietor

Partnership

Corporation

DATE ESTABLISHED: _____

REQUIRED CREDIT MAXIMUM: _____

Please list below **THREE TRADE REFERENCES** you have had an active open account with during the past 12 months:

1) _____
Name Account Number Phone Fax

2) _____
Name Account Number Phone Fax

3) _____
Name Account Number Phone Fax

BANKING AND GENERAL INFORMATION

Bank Name _____

Address _____

Contact _____ Phone _____

SIGNATURE

TITLE

DATE

Terms: I understand that your terms are 1% 10 Days Net 30.