

## CREDIT APPLICATION

Date: \_\_\_\_\_

Please fill out completely and return as soon as possible. All credit information will be kept in strict confidence. Thank you.

Firm Name		Phone		Fax	
Name of Parent Company			e-Mail		Year Firm Established
Ownership:		Corporation	Partnership	Proprietorship	
Mailing/Billing Address		City/State	County (if USA)		Zip
Plant Mailing Address		City/State	County (if USA)		Zip
Shipping Address		City/state	County (if USA)		Zip
Purchasing Contact & E-Mail:		Accounts Payable Contact & E-Mail:		Description of Business:	
Will items be purchased for resale? Yes    No		Bond or Tax Exemption Number:  <i>(Copy will be needed)</i>		Tax id or Federal Tax ID #	

### BANK INFORMATION

Name		Address	
Phone	Fax	Account #	

### TRADE REFERENCES

Name Address  Phone            Fax            e-mail	Name Address  Phone            Fax            e-mail
Name Address  Phone            Fax            e-mail	Name Address  Phone            Fax            e-mail

