



CREDIT APPLICATION

Date:

Firm Name: Years in Bus:

Billing Address:

City: State: Zip:

Telephone: Fax:

Nature of Business:

OWNERSHIP

Check One: Corporation Partnership Proprietorship

Names of Officers or Owners

SSN: Title:

SSN: Title:

SSN: Title:

FINANCE

Bank: Address:

Telephone: Contact:

REFERENCES

Bus. Name: Contact: Tel:

Bus. Name: Contact: Tel:

Bus. Name: Contact: Tel:

TAX EXEMPT STATUS

Check One: *Tax Exempt *Direct Pay Permit Taxable

* Must provide proof of tax exempt or direct pay status.

I (We), the undersigned, hereby certify that the above information is true and accurate to the best of my (our) knowledge:

Date: Signed: Title:

Date: Signed: Title:

APPLICATION MUST BE SIGNED BY THE OWNER OR PRESIDENT OF THE COMPANY

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