

## CREDIT APPLICATION

Company Name:						
Billing Address:			Shipping Address:			
Telephone:			Telephone:			
Fax:			Fax:			
Accounts Payable Contact :				Email:		
Type of business:				<input type="checkbox"/> Public:	<input type="checkbox"/> Private:	<input type="checkbox"/> Govn't:
Federal ID Number (for U.S.):			Your Company Website:	WWW.		
D&B ID Number:	Own Building?	Square Feet:	Lease Building?	Monthly Rent:		
Credit Limit Required:	\$	In Business Since:				
Financial Statements Included <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why?			Enter Why Here:			
			Will disclose with confidentiality agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Annual Sales:	\$	Tangible Net Worth:	\$	Number of Employees:		

### SHAREHOLDER AND AUTHORIZED SIGNATORY

(Indicate majority shareholder and name of an additional authorized signatory)

Majority Shareholder:	Title:
Telephone: _____	Email: _____
Authorized Signatory:	Title:
Telephone: _____	Email: _____

### BANKING REFERENCE

Name of Bank	Account Manager
Address: _____	Account #: _____
_____	Telephone: _____
_____	Fax #: _____
_____	_____

### CREDIT REFERENCES

1) Name: _____	2) Name: _____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____
3) Name: _____	4) Name: _____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____