

Commercial Credit Application



Company/Organization Name: _____

Phone: Fax:

Billing Address: _____ Physical Address: _____

Street Address

Street Address

City

State

Zip Code

City

State

Zip Code

Type of Business: Dun / Bradstreet #:

Business Property **Y** **N** Own Rent

Years In Business At This Location

Federal I.D.# Are you Tax Exempt? **Y** **N**
If yes, reason.

Check One

- Corporate
- Partnership
- Proprietorship
- Association

If **Corporation or Association**, please list officers (If **Partnership or Proprietorship** list owner's names, address, and Social Security #'s.)

Who is authorized to purchase?

Is a Purchase order number required for payment? **Y** **N**

Bank References

Checking:
Bank Name Address Phone #

Charge References

Name	Acct #	Phone/Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorized Signature _____ Date: _____