

Credit Application

Payment Terms: Net 30 Days

New Customer Information

A/P Contact Name:
 Company Name:

Phone:
 Email:
 Fax:

Billing Information

Company Name:
 Billing Address:
 City:
 State:
 Zip:
 Country:

Shipping Information

Company Name:
 Shipping Address:
 City:
 State:
 Zip:
 Country:

Other

Federal ID#:
 State ID#:
 DNBC/SIC Code:
 If Your Company a: Corporation
 Partnership
 Sole Proprietorship
 Date Business Established:
 Type of Business:
 No of Employees:

Tax Exempt: Yes No

Note: If Tax Exempt in the States of NM, we must have a Tax Exempt Certificate on file.

If Corporation, then what state?
 President/Owner:
 Zip:
 A/P Contact:

Bank Reference

Bank Name:
 Account#:
 Fax #:
 Checking Savings

Contact Person:
 Phone#:
 Email:

Trade References

Ref#1

Company Name:
 Address:
 City/ST:
 Contact:
 Phone:
 Fax:
 Email:

Ref#2

Company Name:
 Address:
 City/ST:
 Contact:
 Phone:
 Fax:
 Email:

Ref#3

Company Name:
 Address:
 City/ST:
 Contact:
 Phone:
 Fax:
 Email:

Ref#4

Company Name:
 Address:
 City/ST:
 Contact:
 Phone:
 Fax:
 Email:

Authorized Signature for release of credit information: