

CONFIDENTIAL CREDIT APPLICATION

Billing Information

Company Name _____ Tax ID# _____

Address _____

City _____ State _____ Zip _____ Phone _____

Billing Contact _____ Phone _____ Email _____

Charge to credit card # _____ Exp Date _____ PO Required: Yes No

Reporting Information (Check if same as Billing Information)

Preferred method for receiving reports Mail Email Fax

Report Contacts _____ Phone _____ Email _____

Report Contacts _____ Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Company Information

Business Form: Corporation Partnership Sole Proprietorship

Type of Business _____ In Business Since: _____

Website _____ D&B # _____

Name of Owners, Partners or Corporate Officers

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Trade & Bank References

Company	Company	Company
_____	_____	_____
Address _____	Address _____	Address _____
_____	_____	_____
City State Zip _____	City State Zip _____	City State Zip _____
_____	_____	_____
Phone _____	Phone _____	Phone _____
_____	_____	_____
Account No. _____	Account No. _____	Account No. _____
_____	_____	_____

Upon approval of credit the account credit terms are Net 30. Open balance past due is subject to 1.5% finance charge per month.

Approved By _____ Title _____ Date _____