

Approval Details
Approved by _____
Date Approved _____
Credit Limit _____
Payment Terms _____

## APPLICATION FOR CREDIT

<b>Name of Company Seeking Credit</b>	
<b>Company Representative(s)</b>	
<b>Company Principal(s)</b>	

Billing Address		Physical Address	
City, State Zip		City, State Zip	
Phone Number		Fax Number	
Date Company Established		Sales Tax Permit (Include Copy of Cert)	<input type="checkbox"/> Taxable or <input type="checkbox"/> Nontaxable
Accounts Payable Contact Name		Accounts Payable Phone Number	
Invoicing Method (Choose one)	<input type="checkbox"/> E-Mail or <input type="checkbox"/> USPS Mail	Accounts Payable Email Address	

### BANK REFERENCE

<b>Bank Name</b>		Contact	
Phone Number		Account Number	

### TRADE REFERENCES

<b>Trade Reference Name</b>		Email Address	
Phone Number		Fax Number	
<b>Trade Reference Name</b>		Email Address	
Phone Number		Fax Number	
<b>Trade Reference Name</b>		Email Address	
Phone Number		Fax Number	
<b>Trade Reference Name</b>		Email Address	
Phone Number		Fax Number	
<b>Trade Reference Name</b>		Email Address	
Phone Number		Fax Number	

\_\_\_\_\_  
Authorized Signature / Title

\_\_\_\_\_  
Date