



CREDIT APPLICATION

Please provide the following information to establish an open account.

Business name _____

Telephone/Fax _____

Address _____

Contact person _____
and ext.# (if any)

Tax exempt number _____
if applicable

Credit References:

1. _____

2. _____

3. _____

Bank References:

Terms: net 10 days, add 5% after 30 days (from date invoice is mailed)

Understand and agree to these terms

Please sign _____

Thanks