



# Credit Application

## OPEN ACCOUNT CREDIT APPLICATION

Account Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Customer Contact \_\_\_\_\_ Title \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

### BUSINESS TYPE:

Sole Proprietor

Partnership

Corporation

DATE ESTABLISHED: \_\_\_\_\_

REQUIRED CREDIT MAXIMUM: \_\_\_\_\_

Please list below **THREE TRADE REFERENCES** you have had an active open account with during the past 12 months:

1) _____	_____	_____	_____	_____
	Name	Account Number	Phone	Fax

2) _____	_____	_____	_____	_____
	Name	Account Number	Phone	Fax

3) _____	_____	_____	_____	_____
	Name	Account Number	Phone	Fax

## BANKING AND GENERAL INFORMATION

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

SIGNATURE

TITLE

DATE

*Terms: I understand that your terms are 1% 10 Days Net 30.*

