



**CREDIT APPLICATION
BUSINESS OR ORGANIZATION**

BUSINESS NAME		TYPE OF BUSINESS	
MAILING ADDRESS		SHIPPING ADDRESS	
CITY		STATE	PHONE
ZIP		HOW LONG IN BUSINESS	
IF BUSINESS, TYPE OF OWNERSHIP: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Individual <input type="checkbox"/>			
FAX	WATTS	TAX EXEMPT? No <input type="checkbox"/> Yes <input type="checkbox"/>	
TAX EXEMPT CERTIFICATE <i>If tax exempt, please forward a tax exempt certificate with this application.</i>			

BANKS

1.	CHECKING <input type="checkbox"/>	LOAN <input type="checkbox"/>
2.	CHECKING <input type="checkbox"/>	LOAN <input type="checkbox"/>

PRINCIPALS IN COMPANY

NAME	TITLE	ADDRESS	FAX
1.			
2.			
3.			

CREDIT REFERENCES

NAME	TITLE	ADDRESS	FAX
1.			
2.			
3.			
4.			

I understand that the above information is given for the purpose of obtaining credit and I certify that, to the best of my knowledge, the above information is complete and accurate as of the date of this application.

CREDITOR	DATE	CUSTOMER'S SIGNATURE
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FOR OFFICE USE ONLY

CREDIT APPROVED <input type="checkbox"/>	CREDIT LIMIT
CREDIT REFUSED <input type="checkbox"/>	CUSTOMER #