

Credit Application

Date: _____ SIC Code _____ Type of Business _____

Company name _____

Billing address _____ Ship to Address _____

Phone number _____ Fax number _____

Contact person _____ Accounts payable person _____

Bank Name and Credit References

Bank name _____ Bank phone number _____

D & B Rating _____ Date Business established _____

Please supply the names of three credit references

Company re f#1. _____ Phone # _____ Fax # _____

Company ref #2. _____ Phone # _____ Fax # _____

Company ref #3. _____ Phone # _____ Fax # _____

Please supply one of the following tax numbers:

Sales and Use tax number _____ State _____

Resale permit number _____ State _____

SAVE EVEN MORE

When Product Order Totals \$100.00 or More, (less taxes or special shipping requests), We Pay Ordinary Ground Shipping Charges to Anywhere in the Continental U.S. (by carrier of our choice)