

Credit Application

Full Business N	lame:				
Doing Business	s As (if appli	cable):	Requested credit amount:		
Email:			Website:		
Telephone Nur	mber:		Fax Number:		
Taxable:	Yes	No (if no: send state resale form) Ta	x ID:	Number of Employees:	
<u>Business</u>	Address	<u>5</u>			
Address:					
City:			State:	Zip:	
Billing Ad	<u>dress</u>				
Address:					
City:			State:	Zip:	
President/Ow	<i>ı</i> ner				
Telephone Number:		Email:			
Accounts Pay	<u>/able</u>				
Telephone Number:			Email:		
		Bank R	<u>leferences</u>		
Bank Name:			Account Numb	er:	
Contact Name	:		Contact email:		
Address:					
City:			State:	Zip:	



Financials

Sales 2020:						
Sales 2021 projec	ted:					
	Credit References Please provide 3 credit references of firms that you do business with on a credit and terms basis					
Company Name:		Phone:				
Contact Name:		Contact email:				
Address:						
City:		State:	Zip:			
Company Name:		Phone:				
Contact Name:		Contact email:	Contact email:			
Address:						
City:		State:	Zip:			
Company Name:		Phone:				
Contact Name:		Contact email:				
Address:						
City:		State:	Zip:			
Authorized s	signing officer		 Date			