



## Credit Application

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To establish credit, please fill out this application and fax it to 800-566-6523. The application can take up to 48 hours to process. For Questions call the credit department at 800-827-2474.

Company Name \_\_\_\_\_

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

Company Address \_\_\_\_\_

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

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

Website \_\_\_\_\_ Email \_\_\_\_\_

Is this a Division/Branch/Subsidiary? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, provide name of Parent Company \_\_\_\_\_

Tax ID Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Industry \_\_\_\_\_

Trade Reference 1 (Include Contact and Telephone #)

Trade Reference 2 (Include Contact and Telephone #)

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

Telephone \_\_\_\_\_

Acct# \_\_\_\_\_

Release Signature Required

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*