

DOMESTIC CREDIT APPLICATION

COMPANY NAME: _____

For internal use only

CUSTOMER #: _____

SHIP TO _____ PHONE # _____

ADDRESS _____ FAX # _____

CITY/STATE _____ ZIP CODE _____

E-MAIL _____

BILL TO _____

NAME _____ PHONE # _____

ADDRESS _____ FAX # _____

CITY/STATE _____ ZIP CODE _____

E-MAIL _____

PRINCIPALS**BUYING GROUP MEMBER**

BUSINESS STRUCTURE*: CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____ *Please check one

CREDIT LIMIT REQUESTED _____ DUNS # _____

ESTIMATED SALES VOLUME _____ FEDERAL TAX ID # _____

YEARS IN BUSINESS _____

BANK REFERENCE

NAME _____ PHONE # _____

ADDRESS _____ OFFICER _____

CITY/STATE _____ ZIP CODE _____

ACCOUNT # _____

THREE MAJOR TRADE REFERENCES (U.S. based are preferred)

NAME _____ TITLE _____

CONTACT _____ PHONE # _____

CITY/STATE/ZIP _____ FAX # _____

E-MAIL _____ ACCOUNT NUMBER _____

NAME _____ TITLE _____

CONTACT _____ PHONE # _____

CITY/STATE/ZIP _____ FAX # _____

E-MAIL _____ ACCOUNT NUMBER _____

NAME _____ TITLE _____

CONTACT _____ PHONE # _____

CITY/STATE/ZIP _____ FAX # _____

E-MAIL _____ ACCOUNT NUMBER _____