CREDIT APPLICATION

Internal Use Only
*Cust #*_____
*Slsmn*_____
*SO# Pend.*_____

Customer Information

Name_____ Phone #:_____

Address_____ Fax #:_____

City_____ State: _____ Zip:_____

Year Established_____ Estimated Sales Volume $_____ # of Employees_____

Please Check One: ❒ *Corporation* ❒ *Partnership* ❒ *Individual Proprietorship*

Line of Credit Requested $_____

Trade References

Company Name	*Street Address*	*Telephone #*	*Fax #*

Banking Information

Bank Name	*Bank Contact*	*Account #*	*Telephone #*	*Fax #*

I/we warrant the information shown above to be true. I/we authorize the person to whom this application is submitted to investigate the references. I/we also give my permission for release of information about my account as required on the attached bank credit reference inquiry.

_____ _____ _____

Authorized Signature *Title* *Date*