



Business name: _____	Phone number: () _____
Billing address: _____	FAX number: () _____
City: _____ State: _____ Zip: _____	Street address: _____
A / P contact name: _____	City _____ State _____ Zip _____
Phone number if different from above: () _____	E-mail address: _____
FAX number if different from above: () _____	

GENERAL BUSINESS INFORMATION

Type of business: _____	Officer's name & title: _____
Are purchase orders required? _____	
How long has Applicant been in business? _____	Officer's name & title: _____
How long has Applicant been at present location? _____	
Can you anticipate your monthly volume with us? _____	Officer's name & title: _____

BANK REFERENCE

Bank name: _____	Officer handling: _____
City _____ State _____ Zip _____	Phone number: () _____

BUSINESS CREDIT REFERENCE

References should be locally-based businesses with which you have already established and have active credit. Lawyers, doctors and bankers are not considered credit references. Office supply stores, delivery services, printing companies, etc. would be suitable references.

Please include account number with company names. TO AVOID ANY DELAY IN PROCESSING, COMPLETE IN FULL.

ALL INFORMATION TO BE HELD IN CONFIDENCE.

1. Company _____	Street address _____
City _____ State _____	Zip Code _____ Phone # () _____
2. Company _____	Street address _____
City _____ State _____	Zip Code _____ Phone # () _____
3. Company _____	Street address _____
City _____ State _____	Zip Code _____ Phone # () _____

Date: _____	Signed _____
	Name _____
	Title _____

Completion of Sections 1, 2 & 3 is **REQUIRED**.

If desired, you may send your own company pre-printed form (if available) to complete **Section 4 and 5.**

Credit approved

By: _____	Date: _____
Rate: _____	Amt: _____
Customer number: _____	