



CREDIT APPLICATION – BUSINESS CREDIT REFERENCES

- BUSINESS NAME: _____ ADDRESS: _____
- CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

BANK REFERENCES

- NAME: _____ ADDRESS: _____
- CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
- CONTACT NAME: _____ POSITION: _____
- FAX: _____ ACCOUNT#: _____

MAJOR TRADE REFERENCES – FAX NUMBERS REQUIRED

- NAME: _____ ADDRESS: _____
- CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
- CONTACT NAME: _____ POSITION: _____
- FAX: _____

- NAME: _____ ADDRESS: _____
- CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
- CONTACT NAME: _____ POSITION: _____
- FAX: _____

- NAME: _____ ADDRESS: _____
- CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
- CONTACT NAME: _____ POSITION: _____
- FAX: _____

- REQUESTED CREDIT LIMIT: _____
- SIGNATURE: _____ DATE: _____
- TITLE: _____ SALES TAX EXEMPT #: _____