



TRADE CUSTOMER CREDIT APPLICATION

CONTACT INFORMATION	
YOUR NAME	COMPANY NAME
EMAIL	PHONE

BANK INFORMATION		
BANK NAME		CONTACT NAME
ADDRESS		PHONE
CITY	STATE	ZIP CODE
TYPE OF ACCOUNT	ACCOUNT NUMBER	
FEDERAL TAX ID:		

TRADE REFERENCES
Please provide us at least three other companies your business has established credit with previously

1 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			
2 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			
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BUSINESS REFERENCES CONTINUED			
2 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

3 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

4 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

CREDIT AGREEMENT
1 All invoices must be paid within 30 days of the date issued 2 Any claims regarding an invoice issued must be made within 7 days of the date issued 3 You authorize inquiry into the banking and business references provided within this application

COMPANY REPRESENTATIVES: <i>Please note that Adobe Reader generated text signatures will be considered binding. You may also print this form and sign it if you prefer and fax it to the number below.</i>	
1 SIGNATURE	TITLE
NAME	DATE

2 SIGNATURE	TITLE
NAME	DATE

COMMENTS & NOTES