

CREDIT APPLICATION

BILL TO:		
SHIP TO:		
,	_ FAX:	TYPE OF BUSINESS:(SIC CODE)
APPROX # OF EMPLOYEES:	TAX STATUS	5 taxable tax –exempt (you must send us a valid tax certificate)
PURCHASING CONTACT:		E-MAIL ADDRESS:
OUR PREFERRED METHOD O	F INVOICING	G IS VIA E-MAIL- PLEASE COMPLETE BELOW:
ACCOUNTS PAYABLE CONTACT:		PHONE:
E-MAIL ADDRESS FOR INVOICING:_		
FAX NUMBER FOR INVOICING:(if no e-mail available)		We can only accept mailed invoices
(II no e man avanable)		
		REFERENCES
BANK REFERENCE:BANK ADDRESS:		ACCT# TELEPHONE:
TRADE REFERENCE:TRADE ADDRESS:		TELEPHONE:FAX:
TRADE REFERENCE:TRADE ADDRESS:		TELEPHONE:
TRADE REFERENCE:		TELEPHONE:
TRADE ADDRESS:		FAX:
	LD OF FUTUR	0 NET 30 DAYS. ANY INVOICE BEYOND TERMS IS SUBJECT TO RE ORDERS. BY SIGNING THIS APPLICATION APPLICANT E STATED TERMS.
THE INFORMATION ABOVE HAS	BEEN PROVI	IDED TO ESTABLISH CREDIT FOR THE ABOVE APPLICANT ONLY.
SIGNAT	URE	