

Customer Information and Credit Application



Date How did you hear of us?

Account name Yrs. in business

Mailing address Office phone

Physical location Office fax

Contact Contact phone

A/P Contact Is PO required A/P phone

E-mail address May we e-mail invoices and statements?

Personal Corporation LLC Sole Proprieter Partnership Tax ID or SSN

Business name as listed with the Secretary of State

Operating name of business

Owners / Officers / Stockholders Have any owners or officers ever filed bankruptcy? If yes, who & when?

Name	Address	Phone	Title	% Owned	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Invoices typically paid in __ days Payment tender to be used: Cash Check Credit Card

Bank Reference Address

Trade Reference:	Name	Address	Phone	Account #	How long have you been a customer?
#1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MUST BE SIGNED BY OWNER: I understand the information furnished on this page is for the purpose of obtaining credit and I am authorized in my capacity, to bind my firm accordingly. I certify that all information provided on this page is true and accurate.

Signature: _____

Printed Name Office held