

CREDIT APPLICATION

FROM	NAME: _____ <small>(FIRM OR INDIVIDUAL)</small>	DATE: _____
	ADDRESS: _____	YEARS AT THIS ADDRESS: _____
	CITY: _____ STATE: _____ ZIP: _____	PHONE: _____

HEREBY APPLIES FOR CREDIT IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF:

CHECK HERE TO AUTHORIZE CASH SALES UNTIL CREDIT IS APPROVED

TO	_____	CREDIT MANAGER: _____
	_____	NORMAL CREDIT TERMS: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION. ALL DATA GIVEN WILL BE HELD STRICTLY CONFIDENTIAL.

CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP _____ YEAR ESTABLISHED

RESALE NO. _____ ACCTS. PAYABLE MGR. _____

OWNER-SHIP	NAMES AND ADDRESSES OF PRINCIPAL OFFICERS:	PHONE:
	1. _____	_____
	2. _____	_____
	3. _____	_____
	4. _____	_____

BANK	BANK: _____	ACCT#: _____
	ADDRESS: _____	PHONE: _____

REFER-ENCES	NAMES AND ADDRESSES OF BUSINESS CREDIT REFERENCES:	PHONE:
	1. _____	_____
	2. _____	_____
	3. _____	_____

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. WE FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO THE PROPER PAYMENT IN RETURN FOR EXTENDED CREDIT.

SIGNED: _____ TITLE: _____

RESULTS	CHECKED BY: _____	<input type="checkbox"/> APPROVED BY: _____
	RESULTS: _____	ACCOUNT NO. _____
	_____	<input type="checkbox"/> DENIED BY: _____
	_____	DATE: _____

(PLEASE DO NOT WRITE IN BOXED AREA)