



Customer Credit Information

(Failure to complete all blanks may result in a delay of processing)

Customer Name: _____ DBA: _____
Street: _____
City: _____ State: _____ Zip: _____
Telephone #: () _____ Fax #: () _____
Contact: _____ Position: _____
Type of Business: _____ Owner: _____

Credit Amount Requested: _____
Years in Business: _____
Employees: _____
of Locations: _____
Annual Sales \$: _____
Corp./Partnrshp/Sole Prop./Other: _____
Fed I.D. / SS#: _____

Bank/Branch: _____
City/State/Zip: _____
Acct#: _____
Phone: () _____
Contact: _____
Authorized Signature: _____

TRADE REFERENCES

#1 _____
Account#: _____
City: _____ State: _____
Phone#: () _____
Fax#: () _____
#2 _____
Account#: _____
City: _____ State: _____
Phone#: () _____
Fax#: () _____
#3 _____
Account#: _____
City: _____ State: _____
Phone#: () _____
Fax#: () _____
#4 _____
Account#: _____
City: _____ State: _____
Phone#: () _____
Fax#: () _____

FOR OFFICE USE ONLY

Opening Date: _____ Rating: _____
Average Balance: _____
Recent High: _____ Balance: _____
Years Sold: _____ Past Due: _____
Last Sale: _____ Average: _____
Terms: _____
Recent High: _____ Balance: _____
Years Sold: _____ Past Due: _____
Last Sale: _____ Average: _____
Terms: _____
Recent High: _____ Balance: _____
Years Sold: _____ Past Due: _____
Last Sale: _____ Average: _____
Terms: _____