



# Credit Application

### For marketing use only

UNIT PRICE	TYPE
PALLETS	
SALESMAN	DATE
RESPONDE	TERMINAL

## Company Information

Legal Name Under Which Business Operates:				
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>				
If Division/Subsidiary, Name of Parent Company:			In Business Since:	
Social Security # or Federal ID Number:				
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:
Fax:	E-mail:			
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:
Type of Business:		In Business Since:		
Merchant Registry Number #				
Please include a copy of the Registry and Certificate for Exempt Purchases filled in all Parts (Form SC 2916)				

## Bank References

Institution Name:	Institution Name:
Checking Account #:	Savings Account #:
Address:	Address:
Contact:	Contact:
Phone:	Phone:



# Credit Application

## Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Email:	Email:	Email:
Account Number	Account Number:	Account Number:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed on this credit application to release to the company from which we are requesting credit the data necessary to verify the information contained herein.

\_\_\_\_\_  
*Print Applicant's Name and Title*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*