

## Credit Application

Payment Terms: Net 30 Days

	Ne	w Customer Information	
A/P Contact Name:		Phone: Email:	
Company Name:		Fax:	
Billing Information		Shipping Information	
Company Name:		Company Name:	
Billing Address:		Shipping Address:	
City:		City:	
State:		State:	
Zip:		Zip:	
Country:		Country:	
Other			
Other			
Federal ID#:			O Yes O No
State ID#:			Note: If Tax Exempt in the States of CA, we must have a Tax Exempt
DNBC/SIC Code:			Certificate on file.
If Your Company a:	<ul><li>Corporation</li></ul>	If Corporation, then what state?	
	O Partnership	President/Owner:	
Data Businass	O Sole Proprietorship	Zip:	
Date Business Established:		A/P Contact:	
Type of Business:			
No of Employees:			
		Bank Reference	
Bank Name:		Contact Person:	
Account#:		Phone#:	
Fax #:		Email:	
	Checking Savings		
		Trade References	
Ref#1		Ref#2	
Company Name:		Company Name:	
Address:		Address:	
City/ST:		City/ST:	
Contact:		Contact:	
Phone:		Phone:	
Fax:		Fax:	
Email:		Email:	
Ref#3		Ref#4	
Company Name:		Company Name:	
Address:		Address:	
City/ST:		City/ST:	
Contact:		Contact:	
Phone:		Phone:	
Fax:		Fax:	
Email:		Email:	
Authorized Sia	nature for release credit information:		