

APPLICATION FOR CREDIT

		**JO] **P/O	B NAME REQ O REQ	<u>—</u>
***REQUIRED	FIELD		ΓM 123 CERTS REQ:	
Firm Name:			_ **Phone #:	
Bill to Address:				
Ship to Address			_**Fax #	
	Corporation	Partnership	Sole Owner	
Owner or President:		·	Phone #	
Individual authorized	I to make purchases:			
Individual responsib	le for disbursements	:		
Date Business Starte	ed: Number	of Employees: _	Rent or Own:	
Resale Tax #:		Business Licens	e #:	
* * * * * * * * * * * * * * *	* * * * * * * * * * * * * * *	* * * * * * * * * * * *	******	
Name of Company Bank:Address:			Person to contact: _ Phone:	
	CRED	IT REFERENCE (OR SUPPLIERS	
COMPANY PHONE NUMBER			**FAX NUMBER** (REQUIRED)	
				
Payment is unconc the above 30 days ar	litionally guarantee e to be increased by	ed within 30 day 1% per month. A	ny charges still outsta	Any charges unpaid after anding after 90 days from
court costs will be be	orne by the purchase thirty days, or charg	r. All claims, req ges are considere	uests for adjustments, ed accepted. Credit pr	es, attorneys' fees, and or notification of e errors ivileges may be withdrawn
**			**	
Authorized S	ignature	Title	Date	