



CREDIT APPLICATION

Company Name: _____

Business Address: _____ Billing Address: _____

Phone Number: _____ Fax Number: _____

ANSWER ALL APPLICABLE QUESTIONS FOR PROCESSING OF CREDIT REQUEST

Principle Owner: _____ Year Business Established: _____

Federal Taxpayer ID#: _____ Sales Tax Exempt #: _____

Accts Payable Contact: _____ Phone Number: _____

Name of Bank: _____ Bank Phone Number: _____

Contact Person: _____ Remarks: _____

PLEASE LIST THREE (3) TRADE REFERENCES BELOW

Name & Address: _____ Phone: _____

_____ Fax: _____

Name & Address: _____ Phone: _____

_____ Fax: _____

Name & Address: _____ Phone: _____

The undersigned guarantee that the information submitted is true & correct. Payment terms are Net 30

Name: _____ Title: _____ Date: _____

Please complete and fax to 256 543 7083 or mail to PO Box 1889 Gadsden, Al 35902

-