



APPLICATION FOR CREDIT

BY

NAME OF FIRM OR INDIVIDUAL _____

ADDRESS: _____ YEARS AT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

TO

CREDIT MANAGER: _____

OUR NORMAL CREDIT TERMS: _____

The following information must be provided. It will be held in the strictest confidence.

OWNERSHIP

Corporation Check here if inc. within the past 12 months Partnership Individual

Credit References	Complete Address	Phone	E-mail
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1- _____

2- _____

3- _____

FINANCE

Bank Officer or Department

Business Name: _____ Address: _____

City: _____ State & Zip: _____ Country: _____ Phone: _____

Business Name: _____ Address: _____

City: _____ State & Zip: _____ Country: _____ Phone: _____

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Date: _____ Signed: _____ Title: _____

Do not write in the space below

VERIFICATION

Reference checked by: _____ Credit approved by: _____

Reference results: _____ Credit refused by: _____