

CREDIT APPLICATION

BILL TO:			
IF DIFFERENT THAN BILL TO)			
TELEPHONE:	FAX:	TYPE OF BUSINESS (SIC CODE)	:
APPROX # OF EMPLOYEES:	TAX STATUS taxal	ble tax -exempt (you must send us	s a valid tax certificate)
PURCHASING CONTACT:		E-MAIL AD	DRESS:
OUR PREFERRED METHOI	O OF INVOICING IS V	VIA E-MAIL- PLEASE COM	PLETE BELOW:
ACCOUNTS PAYABLE CONTACT	:	PHONE:	
E-MAIL ADDRESS FOR INVOICIN	[G:		We can sub-cond-mailed involve
FAX NUMBER FOR INVOICING:_ (if no e-mail available)			We can only accept mailed invoices
	<u>R</u>	<u>EFERENCES</u>	
BANK REFERENCE:		ACCT#	
BANK ADDRESS:		TELEPHONE:	
TRADE REFERENCE:TRADE ADDRESS:			
FRADE REFERENCE:FRADE ADDRESS:		TELEPHONE: FAX:	
TRADE REFERENCE:			
TRADE ADDRESS:		FAX:	
CARD W	HOLD OF FUTURE ORI IANCE WITH ABOVE ST ILL INCURE A 2.7% CF	DERS. BY SIGNING THIS API FATED TERMS. ANY INVOIC REDIT CARD PROCESSING FI	PLICATION APPLICANT ES PAID BY CREDIT
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SIGN	ATURE		
TITL	Æ		DATE