

CREDIT APPLICATION

Customer Information:

Legal Name: _____

DBA: _____

Billing Address: _____

City, St. & Zip Code: _____

Contact Name: _____

Phone Number _____

Fed. ID #: _____

Resale #: _____

Duns #: _____

Year Established: _____

Fax Number: _____

Email Address: _____

Business Type: (Check One)

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Sole Proprietorship

Partnership

Corporation

Other _____

Trade References Information: