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Credit Application and Agreement

Please fill this form out completely

DateAccount #
Full Name of Company
Billing Address
Physical Address
Telephone NumberFax
Owner/OperatorOperations Contact
Accounts Payable Contact:Phone:
WebsiteEmail
Type of BusinessCorporationPartnershipSole Proprietor
Has the ownership changed this past year?YesNo
Years in BusinessNumber of EmployeesD&B
Estimated Volume \$per Week/Month/Year
Account Secured though:
Salesperson
Customer ReferralMailerYellow PagesInternet
Cold CallPhone Solicitation

Please provide 3 credit references:	
Company Name:	
Address:	
Phone:	_E-mail:
Contact:	
Company Name:	
Address:	
Phone:	_E-mail:
Contact:	
Company Name:	
Address:	
Phone:	_E-mail:
Contact:	