

# CREDIT APPLICATION & SALES AGREEMENT

GENERAL INFORMATION				
Business Name / DBA		Financial Contact Name		
Shipping Address (Street)		City	State	Zip
Billing Address (Street/P.O. Box)		City	State	Zip
Telephone		FAX Number		
Type of Business (Corporation, Partnership, Sole Proprietorship)		Yrs. in Business	Requested Credit Line	
If a Corporation: Year of Incorporation: _____ State of Incorporation: _____				
Subsidiary of _____				
OWNER / OFFICER INFORMATION				
Owner / Officer Name		SSN (If Partnership or Sole Proprietor)		
Address (Street)		City	State	Zip
Owner / Officer Name		SSN (If Partnership or Sole Proprietor)		
Address (Street)		City	State	Zip
BUSINESS TRADE REFERENCES				
Company Name		Financial Contact Name	Telephone	Fax (required)
Address (Street)		City	State	Zip
Company Name		Financial Contact Name	Telephone	Fax (required)
Address (Street)		City	State	Zip
Company Name		Financial Contact Name	Telephone	Fax (required)
Address (Street)		City	State	Zip
BANK REFERENCES				
Bank Name		Contact Name	Telephone	Fax (required)
Address (Street)		City	State	Zip
Commercial Checking Account Number		Loan Account Number		
As an officer of the above named company, I do hereby give my consent to check any agencies or companies necessary in processing this credit and sales agreement. I certify that the above information is true and correct and in addition to the foregoing, promise to pay for all purchases in accordance with the terms of sales. I further agree to pay for all collection costs, to include reasonable attorney fees.				
SIGNATURE OF OWNER / OFFICER		TITLE		DATE
FOR OFFICE USE ONLY				
Sales Manager Approval		Salesman's Name & Number		Order Center Identification
Requested Credit Line		Customer Type Code	Terms	
Credit		Credit Line	Credit Manager	