



CUSTOMER CREDIT APPLICATION

CUSTOMER NAME: _____

STREET ADDRESS: _____

CITY, STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

TRADE REFERENCES:

1. NAME: _____

STREET ADDRESS: _____

CITY, STATE: _____ ZIP: _____

FAX: _____ PHONE: _____

2. NAME: _____

STREET ADDRESS: _____

CITY, STATE: _____ ZIP: _____

FAX: _____ PHONE: _____

3. NAME: _____

STREET ADDRESS: _____

CITY, STATE : _____ ZIP: _____

FAX: _____ PHONE: _____

4. NAME: _____

STREET ADDRESS: _____

CITY, STATE: _____ ZIP: _____

FAX: _____ PHONE: _____

BANK REFERENCE:

BANK NAME: _____

ACCOUNT NUMBER: _____

PHONE: _____ CONTACT: _____