

Credit Application

Billing and Credit Information

Please type or print legibly. Do not omit any area of information. Failure to complete form will delay the processing of your application.

Firm Name: _____ E.P.A. Generator # _____

Street Addr: _____ City, State, Zip _____

Mailing Addr: _____ City, State, Zip _____

Attention: _____ Phone No. _____

Fax No. _____ Email Address: _____

If subsidiary, list parent company name: _____

If Business is operated under a Fictitious Name, state the full legal name:

Type of Business: _____ Date Established: _____

Credit Limit Requested \$ _____ Dun & Bradstreet no. _____

Do you use Purchase Orders/Contracts: YES _____ NO _____

Chief Financial Officer: _____

This business is a : Sole Proprietor _____ General Partnership _____

Limited Partnership _____ Corporation _____

If firm is a general or limited partnership, provide information for all general partners; if a corporation, provide information for all officers. If additional space is required, please attach a separate sheet.

Name of Owners and/or Company Officials:

Full Name _____ Title _____

Home Address _____ City, State, Zip _____

Bank Reference:

Bank: _____ Account No.: _____

Address: _____ Contact Person: _____

Phone No.: _____

****Important...Please provide fax #'s as this is how we verify with your Trade References!**

Trade References:

1. Name _____ Contact Person: _____
Address _____ City, State, Zip: _____
Phone No. _____ Fax No. _____

2. Name _____ Contact Person: _____
Address _____ City, State, Zip: _____
Phone No. _____ Fax No. _____

3. Name _____ Contact Person: _____
Address _____ City, State, Zip: _____
Phone No. _____ Fax No. _____