



APPLICATION FOR CREDIT

****THE FOLLOWING MUST BE PROVIDED AND WILL BE HELD IN STRICT CONFIDENCE****

NAME OF COMPANY OR PERSON _____

ADDRESS _____

CITY _____ STATE/PROV _____ ZIP /POSTAL _____

PHONE _____ FAX _____ EMAIL _____

CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____

TAX ID # _____ YEARS IN BUSINESS _____

OWNER _____ ADDRESS _____

CITY/STATE _____

OWNER PHONE NUMBER/EMAIL _____

ACCOUNTS PAYABLE CONTACT: _____ PHONE# _____

INVOICE PREFERENCE: E:MAIL _ to _____ US MAIL _

REFERENCES (2 REQUIRED IF C-TPAT/PIP, 3 IF NOT)

BUSINESS NAME/ADDRESS

PHONE/FAX NUMBER

1. _____

1. PHONE# _____
FAX # _____

2. _____

2. PHONE# _____
FAX # _____

3. _____

1. PHONE# _____
FAX # _____

WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT. WE FULLY UNDERSTAND YOUR CREDIT TERMS (NET 30 DAYS) AND AGREE TO PROMPT PAYMENT.

SIGNED _____ TITLE _____ DATE _____

PLEASE BE ADVISED SHOULD IT BE NECESSARY TO USE A PROFESSIONAL COLLECTION COMPANY TO COLLECT ON ANY ACCOUNT, THE COST WILL BE PASSED ON TO THE CUSTOMER.