



CREDIT INFORMATION FORM

BILL TO

SHIP TO

Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____
Fax _____	Fax _____

Type of Ownership: Corporation Partnership Individual

Parent Company/Principle Owners _____

Address _____ Phone _____

Dun & Bradstreet No. _____ Dun & Bradstreet Rating _____

PRINCIPLE TRADE REFERENCES

A minimum of 3 valid references with fax numbers required/5 references preferred.

Name	Address	Phone/Fax
_____	_____	Ph: _____
_____	_____	Fax: _____
_____	_____	Ph: _____
_____	_____	Fax: _____
_____	_____	Ph: _____
_____	_____	Fax: _____
_____	_____	Ph: _____
_____	_____	Fax: _____

BANK REFERENCE

Name	Address	Phone/Fax
_____	_____	Ph: _____

Application for credit is hereby made and the above references given. It is understood this information will be held in the strictest confidence and used only by your Credit Department.

Signed _____ Date _____

Title: _____