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**Credit Application**

Date \_\_\_\_\_\_\_\_ (check One) Open Account ­­\_\_\_ COD\_\_\_ Credit Card \_\_\_

**Company Information**

Company Name DBA

Billing Address

Street City State Zip

Phone Number Fax Number Resale Number

**Business Type** (check one)

Sole Proprietor Partnership Corporation

Shipping Address

Street City State Zip

Federal Tax ID Number

Purchasing

Email AR Email

**Officer’s Name (1)** Title

**Officer’s Name (2)** Title

**Please list all persons with authorization to place or cancel orders and discuss payment arrangements.**

Name Title

Name Title

**Trade References**

Company Name Account Number

Street Address

Phone Number Fax Number Email

Company Name Account Number

Street Address

Phone Number Fax Number Email

Company Name Account Number

Street Address

Phone Number Fax Number Email

**I/We the undersigned understand that all invoices will be paid on or before the due date shown on each invoice.**

**Signature (1)**

**Signature (2)**

**Title Title**

**Date Date**

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**CREDIT Card Authorization Form (only fill out if paying with credit card)**

**Company Name:**

**Name:**

**Tax ID#:**

**Phone #:**

**Fax #:**

**Address:**

**City:**

**State/Province:**

**Zip/Postal Code:**

**Country:**

**CARD TYPE: (check one)**

**VISA \_\_\_**

**MASTERCARD \_\_\_**

**AMERICAN Express\_\_\_**

**DISCOVER \_\_\_**

**Card Number:**

**Expiration Date:**

**Security Code:**

**Cardholder Name:**

**Cardholder Billing Address (If different from above):**

**Cardholder Signature:**

**Print Name:**

**Title:**