



Sales Rep \_\_\_\_\_  
(FOR INTERNAL USE ONLY)

# Customer Credit Application

ATTN: ACCOUNTS PAYABLE DEPARTMENT

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ALL REQUESTED CONTACT INFORMATION FOR ACCOUNTS PAYABLE IS REQUIRED TO PROCESS YOUR APPLICATION. MISSING INFORMATION MAY DELAY PROCESSING.**

A/P Contact: \_\_\_\_\_

A/P Email: \_\_\_\_\_

**(REQUIRED)**

A/P Phone: \_\_\_\_\_ A/P Fax: \_\_\_\_\_

**(REQUIRED)**

**(REQUIRED)**

Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Date Account Established: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

.....  
Trade Reference #1: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Trade Reference #2: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Trade Reference #3: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Credit Amount Requested: \$ \_\_\_\_\_

Please send invoices electronically via email: \_\_\_\_\_

Please send paper invoices via mail to address provided above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_