

APPLICATION FOR CREDIT CONFIDENTIAL

(Please Print Only)

Company Name: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Whom do we contact for payments? _____

Telephone: _____ Fax: _____

In business since: _____ PST License No.: _____

TRADE CREDIT REFERENCES

1. Name: _____ Address: _____

_____ Telephone: _____

FAX: _____

2. Name: _____ Address: _____

_____ Telephone: _____

FAX: _____

3. Name: _____ Address: _____

_____ Telephone: _____

FAX: _____

BANK

Name: _____ Address: _____

_____ Telephone: _____ Acct #: _____

Date: _____ Signature: _____

Print name _____

Title: _____

FOR OFFICE USE ONLY

Comments: _____

Examined by: _____ Approved by: _____

Date: _____