

CREDIT APPLICATION AND PERSONAL GUARANTY

NAME: _____ TAX ID # _____
ADDRESS: _____ CITY, STATE, ZIP _____
PHONE: _____ CELL: _____ HOME: _____ FAX: _____
TYPE OF BUSINESS: _____ CORPORATION _____ SOLE PROPRIETORSHIP _____ PARTNERSHIP YEAR FOUNDED: _____

OWNERS, OFFICERS OR PARTNERS

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY, ST, ZIP: _____	CITY, ST, ZIP: _____
E-MAIL ADDRESS: _____	E-MAIL ADDRESS: _____

ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____
E-MAIL ADDRESS: _____ FAX: _____
Please indicate your preference to receive invoices and statements: E-mail _____ or Fax: _____

TRADE REFERENCES

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY, ST, ZIP: _____	CITY, ST, ZIP: _____
PHONE: _____ FAX: _____	PHONE: _____ FAX: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY, ST, ZIP: _____	CITY, ST, ZIP: _____
PHONE: _____ FAX: _____	PHONE: _____ FAX: _____

BANKING REFERENCE

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY, ST, ZIP: _____	CITY, ST, ZIP: _____
ACCOUNT TYPE: _____	ACCOUNT TYPE: _____
ACCOUNT NO. _____	ACCOUNT NO. _____