



TO:.....
 PHONE:.....
 FAX:.....

Credit Application

Federal, State and Local Governments and Educational Institutions

BILLING INFORMATION

LEGAL NAME:	TRADE NAME/DBA:
BILLING ADDRESS:	PHONE:
	FAX:
CITY: STATE: ZIP:	EMAIL:

ACCOUNT INFORMATION

YEAR BUSINESS WAS ESTABLISHED:	FEDERAL TAX ID #:
	DUN & BRADSTREET #:
ANTICIPATED ANNUAL PURCHASES: \$	CREDIT LINE REQUESTED:
IS THE ENTITY TAX EXEMPT? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, ATTACH COPY OF EXEMPTION CERTIFICATE)	

CONTACT INFORMATION

CONTROLLER'S NAME:	PHONE:
ACCOUNTS PAYABLE CONTACT:	PHONE:
PURCHASING CONTACT:	PHONE:

I hereby certify that, to the best of my knowledge and belief, the information stated above is true and correct. That I am duly authorized by the Applicant to submit this application and make agreements and representations contained herein in the name of and on behalf of the Applicant.

PRINT NAME:	TITLE:
SIGNATURE:	DATE: