



Credit Request Application

Business Information	
Business Name:	<i>Ship To (if different from billing address)</i>
Billing Address:	Address:
City, State, Zip:	City, State, Zip:
Country:	Country:
Phone: () Fax: ()	E-mail:
Accounting Contact:	Type of Business:
Year Started:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship
Resale ID #: State:	Federal Tax ID #:
Required References	
Bank Name:	Account #:
Address:	Contact Name:
City, State, Zip	Phone: () Fax: ()
Trade Name:	Account #:
Address:	Contact Name:
City, State, Zip	Phone: () Fax: ()
Trade Name:	Account #:
Address:	Contact Name:
City, State, Zip	Phone: () Fax: ()
Trade Name:	Account #:
Address:	Contact Name:
City, State, Zip	Phone: () Fax: ()
Acknowledgment Section	
<p>NOTES: A copy of "Resale License Certificate or Federal Tax ID" is required and the approval process takes approximately 3 - 5 business days upon receipt of all info. Credit card payment is required for initial order.</p>	
<p><i>I understand a finance charge will be assessed against any unpaid balance extending beyond the limitation of terms. I hereby authorize permission for you to verify above information with these references.</i></p>	
Signature: _____	Date: _____