



APPLICATION FOR CREDIT

BY:

DUNS #: _____

NAME OF FIRM OR INDIVIDUAL: _____

STREET ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

OWNERSHIP:

The following information must be provided. It will be held in the strictest confidence.

Corporation Check here if incorporated in the last 12 months Partnership Individual

NAME(S) OF PRINCIPAL(S)	ADDRESS	PHONE

PRIMARY FINANCIAL CONTACT NAME: _____ PHONE: _____

ACCOUNTS PAYABLE CONTACT NAME: _____ PHONE: _____

NUMBER OF YEARS IN BUSINESS: _____

NAME OF LARGEST CUSTOMER: _____

FINANCE:

BANK: _____

BANK ADDRESS: _____

BANK OFFICER OR DEPT: _____

PHONE: _____

REFERENCES (OF LIKE INDUSTRIES):

BUSINESS NAME	ADDRESS	PHONE