



Credit Application Form

Company Name: _____	Phone: _____	
Parent Co. Name: _____	Fax: _____	
Address: _____		
City: _____	State/Province: _____	Zip/Postal Code: _____
Email Address: _____	Website Address: _____	

Billing Information (if different):

Company Name: _____	Phone: _____	
Parent Co. Name: _____	Fax: _____	
Address: _____		
City: _____	State/Province: _____	Zip/Postal Code: _____
E-mail Address: _____	Website Address: _____	

Corporation	Partnership	Proprietorship	Amount of Credit Requested: _____
President: _____	Imports/Exports Supervisor: _____		
Vice President: _____	Accounts Payable Manager: _____		
Secretary/Treasurer: _____	Commodity: _____		

Trade Reference

Company Name: _____
Contact Name: _____
E-Mail Address: _____
Phone: _____ Fax: _____
Company Name: _____
Contact Name: _____
E-Mail Address: _____
Phone: _____ Fax: _____

Bank References

Name: _____
Street: _____
City: _____
State/Province: _____
Zip/Postal Code: _____ Phone: _____
Contact Name: _____
Customer Comments: _____

I hereby acknowledge that the above information is true and correct and agree to the terms and conditions located on page 2 of this document

Signature: _____ Date (MM/DD/YYYY): / /

Title: _____

Credit Department Use Only

Account No: _____	Approved: _____
Credit Limit: _____	Approved By: _____
Notes/Comments: _____	
CL: _____	Date (MM/DD/YYYY): / /