



CREDIT & BILLING INFORMATION

COMPANY: _____ **DATE:** _____

ADDRESS: _____

PHONE: _____ **FAX:** _____

ACCOUNTS PAYABLE MANAGER: _____ **EMAIL:** _____

Phone Number: _____ Fax Number: _____

PRINCIPAL OWNERS OR PARTNERS: _____

TYPE OF BUSINESS _____ **YEARS IN BUSINESS** _____

DATE INCORPORATED: _____ **WHERE AT:** _____

BANK REFERENCES

BANK NAME: _____ **ACCOUNT NO:** _____

ADDRESS: _____ **PHONE NO:** _____

_____ **FAX:** _____

TRADE REFERENCES

NAME: _____ **CONTACT:** _____

ADDRESS: _____ **PHONE NO:** _____

_____ **FAX:** _____

NAME: _____ **CONTACT:** _____

ADDRESS: _____ **PHONE NO:** _____

_____ **FAX:** _____

NAME: _____ **CONTACT:** _____

ADDRESS: _____ **PHONE NO:** _____

_____ **FAX:** _____

Signature of Applicant Owner or Officer

Applicants Title: