



**NEW ACCOUNT CREDIT APPLICATION**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ P.O.Box \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Business Started \_\_\_\_\_ President: \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ - \_\_\_\_\_ Sales Tax Exemption Cert. \_\_\_\_\_

Controller: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

A/P Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ A/P Fax: \_\_\_\_\_

A/P E-mail Address \_\_\_\_\_

Send Invoices via E-mail \_\_\_\_\_ or Via Fax \_\_\_\_\_

Trade Vendor Name: \_\_\_\_\_

References Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_