



DATE _____

CREDIT LINE _____

CREDIT APPLICATION

COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____

ZIP CODE _____ PHONE (____) _____ FAX (____) _____

CHECK ONE: _____ PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION

NATURE OF BUSINESS _____ DATE ESTABLISHED _____

ACCOUNTING CONTACT _____ FAX (____) _____

<u>OFFICERS</u>	NAME	ADDRESS	OFFICE
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

TAX ID # _____

BANK 1) NAME _____ ADDRESS _____

TYPE OF ACCOUNT _____ ACCT # _____

ACCOUNT OFFICER _____ PHONE _____

2) NAME _____ ADDRESS _____

TYPE OF ACCOUNT _____ ACCT # _____

ACCOUNT OFFICER _____ PHONE _____

<u>TRADE</u>	NAME	ADDRESS	PHONE
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

AUTHORIZED SIGNATURE

DATE