

## CUSTOMER PROFILE

COMPANY NAME: \_\_\_\_\_

BILLING  
ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CONTACT NAME FOR PAYMENT: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

### MUST ACCOMPANY THE CREDIT APPLICATION:

COMPANY BANK: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_ ACCT. # \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

## TRADE REFERENCES

1. COMPANY: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

2. COMPANY: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

3. COMPANY: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

NAME (please print) \_\_\_\_\_

APPROVED: \_\_\_\_\_

CREDIT LIMIT: \_\_\_\_\_

DATE: \_\_\_\_\_