



## CONFIDENTIAL CREDIT APPLICATION

**Attention: Barb Stephen**

Name of Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ email: \_\_\_\_\_

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

Shipping Address, if different from above: \_\_\_\_\_

### References:

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

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

Contact: \_\_\_\_\_

### Credit References (List Three):

Name	Address	Telephone/Fax/email	Account #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Our Payment Terms are Net 30 Days.** Please contact Customer Service for a copy of our returns policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_