



CONFIDENTIAL CREDIT APPLICATION

Attention: Deb MacDonald

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: _____