



# CREDIT APPLICATION

Fax Back To 314-447-2141

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

Legal Name: \_\_\_\_\_ d/b/a: \_\_\_\_\_

Address: ( Include Street, City, State, and Zip Code )

Bill To: \_\_\_\_\_

Ship To: \_\_\_\_\_

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

Federal Tax ID # \_\_\_\_\_ State Tax Exempt #: \_\_\_\_\_

Form Of Ownership: \_\_\_\_\_ Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ New Business

How Long In Business: \_\_\_\_\_ If Corporation: Date Inc: \_\_\_\_\_ State: \_\_\_\_\_

Type Of Business: \_\_\_\_\_ If Multiple Branches, attach list. \_\_\_\_\_

Annual Volume: \_\_\_\_\_ Anticipated Monthly Purchases: \_\_\_\_\_

Is Purchase Order Required?: YES or NO (circle one)

List Partners or Officers: ( Title, Home Address, Phone # )

**\* Trade References:**

( To Process Credit Application: You must include 3 references with full address and account number )  
[ This must include city, state, zip code, phone number with area code and fax number, if available ]

1. \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account# \_\_\_\_\_

2. \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account# \_\_\_\_\_

3. \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account# \_\_\_\_\_

Bank Reference: ( Include Bank Name, Address, Account Number, Contact, and Phone Number )

**NOTE: {If all required information is not completed the credit application will not be processed}**

**CREDIT AGREEMENT:** Applicant understands that seller will make their usual credit investigation and authorize applicant's bank and other credit agencies to reveal normal credit information for the purpose of consideration of the establishment of trade credit. I understand that your terms are Net 20 days from the date of invoice and should this account ever become delinquent, and it would be necessary to employ an agent for collection, I/We agree to pay all fees and expenses incurred.

PLEASE ALLOW 7 DAYS FOR PROCESSING.

\_\_\_\_\_  
Signature of Principal Officer or Authorized Individual

\_\_\_\_\_  
Name of Principal Officer or Authorized Individual