



CUSTOMER INFORMATION SHEET

Mailing/Billing Address: _____

Delivery Address: _____

UPS Address: _____

Office Phone: _____ FAX: _____
Cell Phone: _____ Home: _____

Purchasing Contact: _____
A/P Contact: _____

Tax Exempt #: _____ (enclose copy of certificate)

Credit Card Information: MasterCard _____ VISA _____ American Express _____
Account #: _____ Expiration. Date: _____
CC Billing Address: _____ Security. Code: _____

(Last 3 digits on back of card near signature)

Delivery Directions: _____

Are loads palletized? _____
Do you have a loading dock? _____
Do you have a pallet-jack? _____

Comments: _____



CREDIT APPLICATION

Business Name _____ Line of Credit Requested \$ _____

Phone (_____) _____ Fax (_____) _____

Address _____ For Past _____ years

City, State, Zip _____

D/B/A _____ Federal Tax ID# _____

Former Business Address (if applicable) _____

Type of Business _____ Date Established _____ How long in Business _____

Mortgage holder/Landlord _____

Address _____ Phone # _____

Does State, County, or City require a License? Yes No If Yes, License # _____

OWNERSHIP: Sole Proprietorship Partnership Corporation

PRINCIPLE: _____
(NAME) (Title) (SS#)

PRINCIPLE: _____
(NAME) (Title) (SS#)

TRADE REFERENCES:

_____ (Name)	_____ (Name)
_____ (City, State, Zip)	_____ (City, State, Zip)
_____ (Phone)	_____ (Phone)
_____ (Fax)	_____ (Fax)

_____ (Name)	_____ (Name)
_____ (City, State, Zip)	_____ (City, State, Zip)
_____ (Phone)	_____ (Phone)
_____ (Fax)	_____ (Fax)

