



# Credit Application

**Business Name** \_\_\_\_\_ **Duns Number:** \_\_\_\_\_  
 DBA \_\_\_\_\_ **SIC Code:** \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Main Phone # \_\_\_\_\_ Main Fax # \_\_\_\_\_ E-Mail for Invoices \_\_\_\_\_  
 Purchasing Phone # \_\_\_\_\_ Purch Fax # \_\_\_\_\_ Purch E-Mail \_\_\_\_\_  
 Accts Payable Phone # \_\_\_\_\_ A/P Fax # \_\_\_\_\_ A/P E-Mail \_\_\_\_\_

**Shipping Address** \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Service Contact Primary \_\_\_\_\_ Contact E-Mail Address \_\_\_\_\_  
 Service Contact Secondary \_\_\_\_\_ Contact E-Mail Address \_\_\_\_\_  
 Federal Tax ID # \_\_\_\_\_ # of Employees \_\_\_\_\_  
 Type of Business \_\_\_\_\_ How Long in Business \_\_\_\_\_  
 Mortgage Holder/Landlord \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

**Do you require a purchase order number?** Yes No **Are you tax exempt?** Yes No  
*If yes, please send exempt form*

**Type of orders you might place?** Parts Service Sales Rental  
 Ownership Corporation Partnership LLC Sole Proprietorship Not-For Profit

**Officers**

	Name	Direct Phone	E-Mail
President/CEO/Owner			
CFO/COO/Controller			
Purchasing Manager/ Authorizing Entity			

**Insurance Agent (Insurance Info Needed for Leases Only)**  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Company \_\_\_\_\_ E-Mail \_\_\_\_\_

**Trade References - PLEASE USE REFERENCES THAT ARE SMALL BUSINESSES/EASY TO CONTACT**

	Company Name	Contact	Phone #	Fax. #	E-Mail Address
1					
2					
3					

**Bank References**

	Institution	Account # & Type	Phone #	Fax #	E-Mail Address
1					
2					
3					

Signed By \_\_\_\_\_ Date \_\_\_\_\_  
 Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

I/We hereby authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc. as you deem necessary.