



New Account Credit Form

Company Name Phone

Address

City State Zip

Accounts Payable Contact

Ownership: Corporation___ Partnership___ Proprietorship___ Other___

Date Business Started

Credit Limit Requested

Annual Sales Volume

Tax Status: Taxable ___ Exempt- Certificate Attached ___

Bank Credit Reference

Bank Name Phone

Address Fax*

City State Zip

Account Number Contact

Trade References

(Please provide references that have extended credit equal to or more than credit required)

Supplier Name Phone

Address Fax*

City State Zip

Account Number Contact

Supplier Name Phone

Address Fax*

City State Zip

Account Number Contact

Supplier Name Phone

Address Fax*

City State Zip

Account Number Contact

Supplier Name Phone

Address Fax*

City State Zip

Account Number Contact

***Fax Phone Number Required**

Signed

Title

Date

Please fax to 508 669-6143