



CREDIT INFORMATION

Company Name: _____

Ship to Address: _____

City State ZIP: _____

Bill to Address: _____

City State ZIP: _____

Phone: _____ FAX: _____

Date Form Prepared: _____

D&B: _____

AP Contact
Name: _____

AP Contact
Phone: _____

Bank Reference

Name: _____

Address: _____

City State ZIP: _____

Contact Name: _____

Contact Phone: _____

Trade Reference (3+)

Name: _____

Address: _____

City State ZIP: _____

Phone: _____ Fax: _____

Name: _____

Address: _____

City State ZIP: _____

Phone: _____ Fax: _____

Name: _____

Address: _____

City State ZIP: _____

Phone: _____ Fax: _____

Manufacturer? (Y/N): _____ # of Years in

Distributor? (Y/N): _____ Operation: _____

PLEASE FAX THIS FORM ALONG WITH YOUR TAX EXEMPT CERTIFICATE TO (315) 350-3572