

## APPLICATION FOR CREDIT

<b>Business Legal Name:</b> <hr/> <b>Doing Business As (DBA):</b> <hr/>	<input type="checkbox"/> Corporation, In State of _____ <input type="checkbox"/> Proprietorship <input type="checkbox"/> LTD Partnership <input type="checkbox"/> Partnership
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**Mailing Address:**

Street	City	State	Zip Code	Country
Phone		Fax		

**Delivery Address:** (Only If Different then Mailing. If there are multiple Delivery Addresses, Please attach List.)

Street	City	State	Zip Code	Country
Phone		Fax		

**If Subsidiary: Name & Address of Parent Company?**

Name	Street	City	State	Zip Code	Country
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<b>Estimated Monthly Purchases?:</b> <input type="checkbox"/> Under \$10,000 <input type="checkbox"/> \$10,000- \$50,000 <input type="checkbox"/> \$50,000-100,000 <input type="checkbox"/> Over \$100,000	<b>Credit Line Requested?:</b> \$ _____  <b>Annual Sales Volume: \$</b> _____	<b>Will Accept First Order C.O.D.?:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Amount of First Order: \$</b> _____
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<b>Do You Require Purchase Order #'s for your invoicing?:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Year Established?:</b> _____  <b>Years at Present Location?</b> _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent (Date Lease Expires): _____	<b>D&amp;B #:</b> _____  <b>Fed ID #:</b> _____
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