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**CREDIT APPLICATION FORM**

NAME OF BUSINESS \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
TELEPHONE FAX

BUSINESS MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**EMAIL ADDRESSES**

(for shipment tracking info) \_\_\_\_\_

(accounts payable) \_\_\_\_\_

(general information) \_\_\_\_\_

TYPE OF BUSINESS (check one):

UNIFORM DISTRIBUTOR

OTHER (describe) \_\_\_\_\_

**OWNERSHIP**

PRINCIPAL OWNER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PRINCIPAL OWNER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

TAX EXEMPT CERTIFICATE NO. \_\_\_\_\_ STATE \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

PERSONS AUTHORIZED TO PURCHASE:

1) \_\_\_\_\_

2) \_\_\_\_\_

PERSON RESPONSIBLE FOR PAYMENT \_\_\_\_\_

**TRADE REFERENCES**

PLEASE PROVIDE A LIST OF AT LEAST THREE OF YOUR PRESENT SUPPLIERS WITH WHOM YOU HAVE ESTABLISHED CREDIT TERMS.

SUPPLIER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

ACCT# (if applicable) \_\_\_\_\_

SUPPLIER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

ACCT# (if applicable) \_\_\_\_\_

SUPPLIER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

ACCT# (if applicable) \_\_\_\_\_

SUPPLIER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

ACCT# (if applicable) \_\_\_\_\_

**BANK NAME/BRANCH** \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

PLEASE PROVIDE ANY SPECIFIC INSTRUCTIONS FOR YOUR ACCOUNT, COMMENTS, OR ADDITIONAL INFORMATION YOU FEEL WILL BE BENEFICIAL TO THIS CREDIT APPLICATION.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BUSINESS NAME (BUYER) \_\_\_\_\_

TYPED/PRINTED NAME OF OWNER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_