

# CREDIT APPLICATION

ALL FIELDS WITH \* MUST BE COMPLETED

\*NAME:

\*ADDRESS:

LOCATION/SITE#:

\*CITY:

\*STATE:

\*ZIP:

\*PHONE: (     )

\*FAX: (     )

\*PARENT HOLDING CO:

A/P CONTACT:

\*HOW LONG IN BUSINESS:

PURCHASER:

\*TYPE OF BUSINESS:

\*BANK:

\*BRANCH ADDRESS:

\*PHONE: (     )

## SUPPLIER REFERENCES:

1. \*COMPANY NAME:

CITY:

\*PHONE: (     )

\*FAX: (     )

2. \*COMPANY NAME

CITY:

\*PHONE: (     )

\*FAX: (     )

3. \*COMPANY NAME

CITY:

\*PHONE: (     )

\*FAX: (     )

\*ARE PURCHASE ORDERS REQUIRED FOR ALL PURCHASES?  YES  NO

\*ARE ORDERS STATE TAX EXEMPT?  YES  NO IF YES, SUPPLY TAX NUMBER:

\*FEDERAL TAX ID NUMBER:

CUSTOMER PLEASE NOTE: TERMS ARE 30 DAYS FROM DATE OF INVOICE  
SHORTAGE CLAIMS MUST BE MADE WITHIN 10 DAYS OF RECEIPT OF ORDER  
EXCHANGES / RETURNS MUST BE MADE WITHIN 45 DAYS OF RECEIPT OF ORDER

\*SIGNATURE OF COMPANY OFFICIAL:

\*PRINT NAME OF COMPANY OFFICIAL:

\*TITLE:

\*DATE:



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Lindon, UT 84042

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OFFICE USE ONLY

ACCOUNT NUMBER ASSIGNED:

CREDIT LIMIT:

SALESMAN:

DEFAULT PRICE CODE:

TERMS / TAX CODE:

DEFAULT SHIP CODE:

INDUSTRY:

REGION:

P.O. REQUIRED:  YES  NO

LOCATION # REQ.:  YES  NO

CREDIT APPROVED BY:

DATE:

ENTERED: