Credit Application

Legal Business Name:_____Date Business Started/Inc.:_____

FEIN:_____Dun & Bradstreet Number: _____

Physical Address: _____

City/State/Zip: _____

Billing Address: _____

City/State/Zip: _____

Corporate Phone:_____Fax Number: _____

Billing Information

Invoice Delivery Method (Check One): ☐ Email ☐ Mail

Email/Mail to: _____

Billing Requirements (Check One): ☐ Invoice Only ☐ Invoice and the following documents

Other required documents: _____

Accounts Payable Contact: _____

A/P Phone:_____A/P Email: _____

Business References

Business Reference 1:_____Contact: _____

Phone Number: _____

Business Reference 2:_____Contact: _____

Phone Number: _____

Alternative terms requested: _____

Printed Name	Title
Signature	Date