



950 Falcon Dr.  
P.O. Box 149  
Malden, MO. 63863  
(800) 833-1555 (800) 324-1297 fax

## Application for Credit

(Please Print or Type)

### Company Information

Name of Firm or Individual \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Shipping Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Number of years at this address \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Type of business \_\_\_\_\_

Sales Tax Number \_\_\_\_\_

Purchase Order Number Required  Yes  No

### Financial Information

The following must be completed in full and will be held in the strictest of confidence.

Name of Owner or President \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_

Name of Company Bank \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Amount of Credit Requested \$ \_\_\_\_\_

## Trade Reference Information

Please list at least two references with whom you conduct a high volume of credit business.

1) Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

2) Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

3) Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

4) Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

Please list at least two references with whom you conduct a limited volume of credit business.

1) Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

2) Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

3) Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

4) Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

We (I) certify that all the information on this form is correct. We (I) further understand that your credit terms are net 30 days and agree to the proper payment in consideration of extended credit.



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\_\_\_\_\_  
Authorizing Signature

Date \_\_\_\_\_