CONFIDENTIAL CREDIT APPLICATION

Please provide a copy of your Sales Tax Exempt Use Certificate with this application.

WebSeal

Customer Information

Sales Representative	Date
Company Name	Federal Tax ID #
How long in operation?	State of Incorporation
Billing Address	Billing City/State/Zip
Billing Contact Name	Billing Contact Email
Billing Phone	Billing Fax
Credit Line Requested ☐ Yes	*Organization:* ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Sole Proprietorship

Credit Information

Trade References	Do Not Complete – For Company Use Only

Trade References	Opened	Last Sale	High Credit
Name			
Address	Owes	Past Due	Terms
City/State/Zip	*Payment History:* Days _____ ☐ Discounts ☐ Prompt ☐ Slow		
Fax #	Name of Contact	Remarks	

	Opened	Last Sale	High Credit
Name			
Address	Owes	Past Due	Terms
City/State/Zip	*Payment History:* Days _____ ☐ Discounts ☐ Prompt ☐ Slow		
Fax #	Name of Contact	Remarks	

	Opened	Last Sale	High Credit
Name			
Address	Owes	Past Due	Terms
City/State/Zip	*Payment History:* Days _____ ☐ Discounts ☐ Prompt ☐ Slow		
Fax #	Name of Contact	Remarks	

	Credit Approved: Date _____ By _____ Limit, if any $ _____