

New Customer Setup Application for Credit



Firm Name: _____

Billing Address: _____

City: _____ State: _____

Shipping Address: _____

City: _____ State: _____

Year Established: _____

EIN #: _____

D&B #: _____

Business Type (S-C-LLC): _____

State Incorporated: _____

Accounts Payable Contact Name: _____

A/P Email: _____ A/P Phone: _____

Manufacture or type of service you provide? _____

Website: _____

Trade Reference (Please List 3)

- | | | | |
|----|---------|---------|--------------------|
| 1. | _____ | _____ | _____ |
| | Company | Address | Contact Name/Phone |
| 2. | _____ | _____ | _____ |
| | Company | Address | Contact Name/Phone |
| 3. | _____ | _____ | _____ |
| | Company | Address | Contact Name/Phone |

Bank Reference (List Branch & Complete Address)

- | | | | |
|----|----------------|---------|----------------|
| 1. | _____ | _____ | _____ |
| | Bank/Branch | Address | Phone |
| | _____ | | _____ |
| | Account Number | | Contact Person |

Signed By: _____ Title: _____ Date: _____