



Fax or Mail Completed Applications to:
1031 Goodworth Drive
Apex, NC 27539 USA
Tel: +1.919.772.0115 Fax: +1.919.772.8259

APPLICATION FOR CREDIT

Not providing the required information could cause your order to be delayed.

Date: \_\_\_\_\_ Completed By: \_\_\_\_\_

GENERAL INFORMATION

Company Name \_\_\_\_\_

Corporate Address \_\_\_\_\_

City State Zip Code

Telephone & Fax \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City State Zip Code

Business Type: Corporation \_\_\_ LLC \_\_\_ Other (please specify) \_\_\_\_\_

State Incorporated \_\_\_\_\_ Date Incorporated \_\_\_\_\_

Federal Employee ID # \_\_\_\_\_ DUNS # \_\_\_\_\_

Years In Business \_\_\_\_\_ Number of Employees \_\_\_\_\_

Company Officers \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_

Accounting Information (Required):

A/P Contact \_\_\_\_\_

Telephone & Fax \_\_\_\_\_

Email Address \_\_\_\_\_



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**TRADE REFERENCES** – A list of trade references may be attached & must include fax numbers.

1. Company Name \_\_\_\_\_

A/R Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax Number - Required \_\_\_\_\_

2. Company Name \_\_\_\_\_

A/R Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax Number - Required \_\_\_\_\_

3. Company Name \_\_\_\_\_

A/R Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax Number - Required \_\_\_\_\_

**BANK REFERENCE**

Bank Name \_\_\_\_\_

Bank Contact Name \_\_\_\_\_

Telephone & Fax \_\_\_\_\_