

<b>BUSINESS CREDIT APPLICATION</b>			
Please complete this form or provide equivalent information as application for a credit account with <b>NET 30 DAY</b> Terms			
CUSTOMER INFORMATION			
Customer Name:			
Bill to address:			
City:	State:	ZIP Code:	
Country:			
Check if Physical Address is the same as the Billing Address			
Physical Address:			
City:	State:	ZIP Code:	
Country:			
AP Contact Name:		Phone Number:	
Email:		Fax #:	
INVOICING INFORMATION			
What is your preferred method of receiving invoices		Please check one below	
Email:		Fax:	
US Postal		Other*	
* Other method:			
CORPORATE INFORMATION			
Federal Tax ID Number:		VAT Number:	
Taxable	Both	Non-Taxable*	
*Please provide a copy of Resales and/or Exempt Certificate if Non-Taxable			
Date of Incorporation:			
BANK INFORMATION			
Bank Name:			
Phone:	E-mail:	Fax:	
Address:			
City:	State:	ZIP Code:	
TRADE REFERENCES (MINIMUM OF 4)			
<b>Company</b>			
Contact		Phone:	
Email:			
<b>Company</b>			
Contact		Phone:	
Email:			
<b>Company</b>			
Contact		Phone:	
Email:			
<b>Company</b>			
Contact		Phone:	
Email:			