

JOHN PAC

CREDIT APPLICATION

Date: _____

In order to expedite your application, please complete and sign the application in its entirety before submitting. The information supplied by you will be handled confidentially. Our terms are Net 30 days. All sales on accounts in excess of terms shall be restricted until resolved.

Company Name: _____ Fed I.D. _____

Company Address: _____ Corporation EIN.# _____

_____ Partnership EIN.# _____

Company Phone: _____ Sole Proprietor Soc. Sec.# _____

Type of Business: _____ If Contractor – Bonded? Yes No

How long has this company been in business? _____ Amount of Credit Desired \$ _____

Do you have other locations or other addresses? Is so, where? _____

Shipping Address: _____

Billing Address: _____

List Officers, Partners, or Proprietors:

Name: _____ Title: _____ Office Phone: _____

Name: _____ Title: _____ Office Phone: _____

Name: _____ Title: _____ Office Phone: _____

Bookkeeper/Controller: _____ Phone: _____

Purchasing Agent: _____ Phone: _____

Purchase Orders Required: Yes No

Blanket or New Purchase Orders Per Order: _____

Sales Tax Exempt: Yes (Please include tax exempt form) No

Credit References:

Company Name: _____

Contact: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Company Name: _____

Contact: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Company Name: _____

Contact: _____

Address: _____

Phone: _____

Fax: _____

Email: _____