



Confidential Credit Application

Company Information:

Billing Address:

Business Name: _____
Street Address: _____
State: _____ Zip Code: _____ Country: _____
Phone Number: () _____ Fax Number: () _____
Contact Name: _____

Shipping Address:

Business Name: _____
Street Address: _____
State: _____ Zip Code: _____ Country: _____
Phone Number: () _____ Fax Number: () _____

Dun's Number: _____ Tax ID Number: _____
Type of Business: _____
Date Established: _____ Number of Years in Business: _____
How Long at your Current Location: _____
Circle One: Sole Proprietorship Partnership Corporation

Bank Information:

Name: _____
Street Address: _____
State: _____ Zip Code: _____ Country: _____
Phone Number: () _____ Fax Number: () _____
Account #: _____ Contact Name: _____

Trade References: (Please list three)

Company Name: _____
Street Address: _____
State: _____ Zip Code: _____ Country: _____
Phone Number: () _____ Fax Number: () _____
Contact Name: _____

Company Name: _____
Street Address: _____
State: _____ Zip Code: _____ Country: _____
Phone Number: () _____ Fax Number: () _____
Contact Name: _____

Company Name: _____
Street Address: _____
State: _____ Zip Code: _____ Country: _____
Phone Number: () _____ Fax Number: () _____
Contact Name: _____

Signature: _____ Date: _____

*After you have finished completing this form, please sign and fax to
(816) 472-1999, attn: Accounting. Also, if you are tax exempt, please
fax a copy of you sales tax exempt certificate.*