

CREDIT APPLICATION

CUSTOMER INFORMATION

DATE: _____

Company Name

Billing Address

City

State

Zip

Shipping Address

City

State

Zip

ACCOUNTS PAYABLE INFORMATION

A/P Contact

Phone Number

Email – *This address is where invoices and statements will be sent*

Are Purchase Order #'s required? Yes No

Is the business tax exempt? Yes (*if so please attach a copy of exemption form*) No

CREDIT INFORMATION

Customers Bank

Officer/Contact Name

Phone Number

Account Number

MAJOR TRADE REFERENCES

1

Business

A/P Phone Number

Email

2

Business

A/P Phone Number

Email

3

Business

A/P Phone Number

Email

-Terms are Net/30 from invoice date
-Invoices and monthly statements will be emailed to the address you provided.
-Fax to 615-255-5148 or email to accounting@3aveind.com

Print Name

Signature