



Application for Credit

Date: _____ Name of company: _____

Telephone: _____ Fax: _____

Address: _____ Tax Resale# _____

(Customers who wish to be exempt from WA State sales tax must have a current WA State Reseller Permit on file with us)

Company Started: _____

Type of business: _____

Type of product(s) needed: _____

Trade References

Please provide FAX numbers for each reference, since that is how we send out our reference requests. Thank you.

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Name: _____

Bank: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Full legal name of firm: _____

Application filled out by: _____

Title: _____

Signature: _____

A/P Contact (for results of application): _____

(Information below is for MIControls use)

Writer #: _____ Order pending? Y N Other information: _____