



950 Falcon Dr.
P. O. Box 149
Malden, MO. 63863
(800) 833-1555 (800) 324-1297 fax

Application for Credit

(Please Print or Type)

Company Information

Name of Firm or Individual _____

Mailing Address _____

Shipping Address _____

Phone Number _____

Number of years at this address _____

Fax Number _____

DUNS# _____

Email Address _____

Type of business _____

Sales Tax Number _____

Purchase Order Number Required Yes No

Financial Information

The following must be completed in full and will be held in the strictest of confidence.

Name of Owner or President _____

Home Address _____

Home Phone Number _____

Name of Company Bank _____

Address _____

Phone Number _____

Amount of Credit Requested \$ _____

Trade Reference Information

Please list at least two references with whom you conduct a high volume of credit business.

1) Name _____
Address _____

Phone Number _____
Fax Number _____

3) Name _____
Address _____

Phone Number _____
Fax Number _____

2) Name _____
Address _____

Phone Number _____
Fax Number _____

4) Name _____
Address _____

Phone Number _____
Fax Number _____

Please list at least two references with whom you conduct a limited volume of credit business.

1) Name _____
Address _____

Phone Number _____
Fax Number _____

3) Name _____
Address _____

Phone Number _____
Fax Number _____

2) Name _____
Address _____

Phone Number _____
Fax Number _____

4) Name _____
Address _____

Phone Number _____
Fax Number _____

We (I) certify that all the information on this form is correct. We (I) further understand that your credit terms are net 30 days and agree to the proper payment in consideration of extended credit.

Authorizing Signature

Date _____