



Committed to **Safety** Excellence!

APPLICATION FOR CREDIT

Date: _____
Company Name: _____ Contact: _____
Address: _____ City: _____
State: _____ Zipcode: _____ Phone: _____

Business Form: Corporation Fed. Tax # Other
If Other, Explain: _____

Type of Business/Sic#: _____ and/or Mine Id#: _____
DNB # _____ Estimated Annual Sales/Year: \$ _____
Sales Tax Exempt? No Yes If Yes, Attach a Valid Certificate (see below)
Financial Statement Enclosed? No Yes Estimated Annual Purchase/Year: \$ _____

Trade References (At Least Three)

1. Name: _____
Address: _____ City: _____
State: _____ Zipcode: _____ Phone: _____
2. Name: _____
Address: _____ City: _____
State: _____ Zipcode: _____ Phone: _____
3. Name: _____
Address: _____ City: _____
State: _____ Zipcode: _____ Phone: _____

Bank References (At Least Two)

1. Name: _____
Address: _____ City: _____
State: _____ Zipcode: _____ Phone: _____
2. Name: _____
Address: _____ City: _____
State: _____ Zipcode: _____ Phone: _____
Type of Account: 1. _____ 2. _____

Person(s) Responsible for Accounts Payable

A. _____ B. _____

The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the issuing company to investigate the information listed pertaining to my/our credit and financial responsibility.

By: _____ Title: _____
A. _____
B. _____