



P.O. Box 1450
Jenks, Ok 74037
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CUSTOMER CREDIT APPLICATION

DATE: _____ EMAIL INVOICES ? No Yes, Email Address: _____

TYPE OF BUSINESS: () Corporation () Partnership () Owner D&B # _____

ESTABLISHED SINCE: _____ A/P CONTACT: _____ PH: _____

CUSTOMER NAME: _____ PURCHASER NAME: _____

STREET ADDRESS: _____ CITY: _____ ZIP _____

BILLING ADDRESS: _____ CITY: _____ ZIP _____

TELEPHONE: _____ FAX: _____ PURCH. E-MAIL: _____

OFFICERS: PRESIDENT _____ V.P. _____ GM _____

NAME OF BANK: _____ ACCT. # _____

ADDRESS: _____ CITY: _____ ZIP _____

TELEPHONE: _____ ACCOUNT OFFICER: _____ EXT.# _____

MAJOR TRADE REFERENCES - 3 Required

Table with 4 columns: COMPANY NAME, TELEPHONE, FAX, CONTACT. Three rows of blank lines for data entry.

IF THE ITEMS WE ARE MANUFACTURING FOR YOUR COMPANY ARE FOR RESALE AND ARE TAX EXEMPT, PLEASE ENCLOSE A COPY OF YOUR SALES TAX PERMIT. THANK YOU !

AUTHORIZED SIGNATURE: _____ DATE: _____

Office Use Only

APPROVED BY (Initials) : _____ DATE APPROVED: _____ CREDIT LIMIT: _____

AVERAGE PAY DAYS: _____ INTIAL ORDER PLACED ON: _____