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For Ianuzi Credit Dept. Use Only	
Account #:	
Date:	
Sls #:	

### APPLICATION FOR CREDIT

COMPANY NAME: \_\_\_\_\_ NAME OF OWNER: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ Tax Exempt? Y N (Circle One) If Tax Exempt, please include a copy of the Resale or Exempt Certificate.

ACCT. PAYABLE CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ACCT. PAYABLE EMAIL: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ MONTHLY CREDIT REQUEST: \_\_\_\_\_ PO REQUIRED: Y / N

TYPE OF BUSINESS: \_\_\_\_\_ YEARS BUSINESS UNDER PRESENT OWNERSHIP: \_\_\_\_\_

### BANK REFERENCES

NAME: \_\_\_\_\_ NAME & TITLE OF OFFICER WITH BANK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CHECKING ACCT. #: \_\_\_\_\_

### TRADE REFERENCES (EXCLUDING CREDIT CARD ACCOUNTS)

**1**  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ (Important)

**2**  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ (Important)

**3**  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ (Important)