



CREDIT APPLICATION

Business Account

1205B RICHMOND RD
STAUNTON, VA 24401
540-885-1265

OFFICE USE ONLY

ACCOUNT #	SALES REPRESENTATIVE	CREDIT LIMIT
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COMPANY INFORMATION

****ALL FIELDS ARE REQUIRED TO BE COMPLETED FOR APPROVAL****

COMPLETE LEGAL NAME		DBA/PARENT COMPANY	
BILLING ADDRESS	CITY	STATE	ZIP
SHIPPING ADDRESS	CITY	STATE	ZIP
A/P CONTACT NAME	EMAIL ADDRESS	PHONE NUMBER	
()SOLE PROPRIETOR ()CORP ()PARTNERSHIP ()LLC ()OTHER		STATE OF INCORPORATION	TAX EXEMPT Y / N P.O. REQUIRED Y / N
FEDERAL TAX ID	BUS. ESTAB. DATE	YEARS UNDER CURRENT OWNERSHIP	IS PROPERTY OWNED Y / N
AUTHORIZED BUYERS Y / N	AUTHORIZED BUYERS:		

OFFICERS/OWNERS/PARTNERS INFORMATION

NAME #1	TITLE	NAME #2	TITLE
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BUSINESS CHECKING ACCOUNT REFERENCE

BANK NAME	ACCOUNT #	CONTACT PERSON	PHONE
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BUSINESS REFERENCES

COMPANY NAME	ACCOUNT #	PHONE #	FAX #

PRIMARY LOCATION: STAUNTON () WEYERS CAVE () FAIRFIELD () WF PAULETT () BEDFORD ()

WOULD YOU PREFER YOUR INVOICES: ()EMAIL ()US MAIL

CREDIT LIMIT DESIRED: \$ _____

IN CONSIDERATION FOR THE EXTENSION OF CREDIT, I/WE JOINTLY AND SEVERALLY GUARANTEE THE PAYMENT OF ACCOUNT IN ACCORD WITH ALL TERMS AND CONDITIONS OF THIS AGREEMENT.

SIGNATURE

DATE