



**CREDIT APPLICATION | ACF CONTACT**

| BUSINESS INFORMATION   |  |   |                  |
|--|--|---|------------------|
| Company name:  |  |   |                  |
| Contact name/title:  |  |   |                  |
| Phone:   | Fax:   | E-mail:   |                  |
| Bill to address:   |  |   |                  |
| City:  |  | State:  | ZIP Code:        |
| Date business formed:  |  | Dunn & Bradstreet #:                                |                  |
| Sole proprietorship: <input type="checkbox"/>  | Partnership: <input type="checkbox"/>                    | Corporation: <input type="checkbox"/>               | Other (specify): |
| SSN:   | Fed ID #:  | State of Charter:                                   |                  |
| Sales Tax Exemption No.:   |  | (Please send copy of certificate, signed and dated) |                  |
| Does this applicant succeed a previous business? <input type="checkbox"/> Yes* <input type="checkbox"/> No * If yes, provide name and address of previous business below |  |   |                  |
| Previous Name:   |  | Previous Address:                                   |                  |
| Purchase Orders Required:  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Authorized Purchaser:                               |                  |
| Ship to address:   |  |   |                  |
| City:  |  | State:  | ZIP Code:        |
| Phone:   | Fax:   | E-mail:   |                  |
| BUSINESS CREDIT INFORMATION  |  |   |                  |
| Bank name:   |  | Acct No.:   |                  |
| Bank address:  |  |   |                  |
| City:  |  | State:  | ZIP Code:        |
| Contact Name:  |  | Phone:  | Fax:             |
| Credit Card Info (optional):   | Name on Credit Card:                                     |   |                  |
| <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX  | Credit Card No:  | Expiration (mm/yy):                                 |                  |
| Authorized Credit Card Signature:  |  |   |                  |
| BUSINESS / TRADE REFERENCES  |  |   |                  |
| <sup>1</sup> Company name:   |  | Acct No.:   |                  |
| Address:   |  |   |                  |
| City:  |  | State:  | ZIP Code:        |
| Phone:   | Fax:   | E-mail:   |                  |
| <sup>2</sup> Company name:   |  | Acct No.:   |                  |
| Address:   |  |   |                  |
| City:  |  | State:  | ZIP Code:        |
| Phone:   | Fax:   | E-mail:   |                  |
| <sup>3</sup> Company name:   |  | Acct No.:   |                  |
| Address:   |  |   |                  |
| City:  |  | State:  | ZIP Code:        |
| Phone:   | Fax:   | E-mail:   |                  |