

Please fax your completed credit application form to (480) 247-4342.

Corporate / Distributor Information:

Company Name (or DBA): _____ Type of Business: _____
Owner / Manager: _____ Business Phone: _____
How Long in Business? _____ EIN (Tax ID): _____ D & B Number (if applicable): _____
Street: _____ City: _____ State: _____ Zip: _____
Country: _____ Postal Code: _____ E-Mail: _____

Credit Request:

Credit Line Requested: \$ _____ Terms (e.g. NET 30): _____

Bank References

Bank Name: _____ Phone: _____ Fax: _____
Account Number _____ Contact Person: _____
Bank Name: _____ Phone: _____ Fax: _____
Account Number _____ Contact Person: _____

Trade Account References

Company Name: _____ Phone: _____ Fax: _____
Street: _____ City: _____ State: _____ Zip: _____
Company Name: _____ Phone: _____ Fax: _____
Street: _____ City: _____ State: _____ Zip: _____
Company Name: _____ Phone: _____ Fax: _____
Street: _____ City: _____ State: _____ Zip: _____

Signature:

The undersigned authorizes credit inquiries. We further acknowledge that any credit privileges may be withdrawn at any time. I certify the above information to be true and accurate.

Signature: _____ Date: _____
Print Name: _____ Title: _____