



8029 Litzsinger Road
P.O. Box 20054, St. Louis, MO 63144
(314) 781-8200
Fax (314) 781-8234

CREDIT APPLICATION INFORMATION

DATE: _____
Company Name _____ Type of Business _____ Partnership
Street Address _____ Corporation
City, State, Zip _____ Federal ID # _____
A/P Address _____ City, State, Zip _____
Shipping Address _____ City, State, Zip _____
Accounts Payable Manager _____ Bankruptcy? _____ YES _____ NO
Phone # _____ Fax # _____ # OF YEARS IN BUSINESS _____

OFFICERS OR OWNERS

Name _____ TITLE _____
Name _____ TITLE _____

TRADE REFERENCES

Company Name _____ Phone # _____ Fax # _____
Address _____ City, State, Zip _____
Company Name _____ Phone # _____ Fax # _____
Address _____ City, State, Zip _____
Company Name _____ Phone # _____ Fax # _____
Address _____ City, State, Zip _____
Company Name _____ Phone # _____ Fax # _____
Address _____ City, State, Zip _____

All statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries for action on this credit application. We hereby indemnify the above company and its agents from any liability resulting from the credit survey.

Authorized Signature _____ Title _____ Date _____