



# CREDIT APPLICATION



Company's Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/9 Digit Zip\*: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/9 Digit Zip\*: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**(\*9 Digit Zip Required)**

Full name of owner(s) or authorized officer(s) of the Corporation:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Three Trade References: (Phone and Fax Number Required)

Company: \_\_\_\_\_ Company: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your company exempt from Sales Tax?  YES  NO

If yes, receipt of a Sales Tax Exception form is required prior to approval.

Does your company require a purchase order?  YES  NO

If yes, please provide contact person and phone number

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What monthly line of credit are you requesting? \_\_\_\_\_

I warrant the information above to be true, and authorize the person to whom this application is submitted to investigate the references herein, statements or other data from me from any other pertaining to my credit and financial responsibility.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Print Name: \_\_\_\_\_

### PLEASE COMPLETE & FAX BACK TO:

- Kansas City**  
913-371-4929
- St. Louis**  
314-771-5559
- Wichita**  
316-744-2596
- Velociti**  
913-342-4849
- Oklahoma City**  
405-577-8222
- Philadelphia**  
215-365-7376
- Allentown**  
610-481-9834

**WE ARE UNABLE TO ESTABLISH AN ACCOUNT OR EXTEND CREDIT UNTIL  
ALL INFORMATION REQUESTED ABOVE HAS BEEN PROVIDED.**

If you have any questions, please call Accounts Receivable at 913-233-7231.