



Credit Application

Firm name: _____

Type of business: _____

Billing Address: _____

_____ City

_____ State

_____ Zip

Name of contact: _____

_____ Phone

_____ Fax

_____ E-mail

How long at present location: _____

Corporation

Partnership

Proprietorship

Yrs. Est. _____

Tax ID # _____

Principals: Names of officers or owners:

Buyer's name: _____

Accounts Payable

contact: _____

_____ Phone

_____ E-mail

Current Vendors:

1. A/P contact _____

2. A/P contact _____

Bank: _____

Address: _____

_____ Contact

_____ Phone

The above information is intended for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize CDI, Inc. to investigate the references listed above, pertaining to my/our credit and financial responsibility. Applicant's signatures attest financial responsibility and all invoices are to be paid 15 days from the date of the invoice.

Signature

Title

Date