



CREDIT APPLICATION

Acct. No.: _____ Sales Rep: _____ Requested Amount: \$ _____
Company Name: _____
Billing Address: _____
Shipping Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____
Buyer: _____ Do You Require Purchase Orders? Yes No
Type of Business: _____ Years in Business: _____
What Products Do You Sell/Use? _____
Dunn & Bradstreet Rating: _____ Dunn and Bradstreet #: _____
Check One: Corporation Partnership Sole Proprietorship
List of Owners: (If corporation, list principle stockholders and officers)

Accounts Payable Contact: _____

Bank Reference:

Bank Name: _____ Account Number: _____
Address: _____ Telephone: _____
City/State/Zip: _____ Fax: _____
Bank Officer: _____

Trade References:

Company: _____	Company: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Contact: _____	Contact: _____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____

CREDIT INVESTIGATION AUTHORIZATION

In accordance with the Fair Credit Reporting Act, Public Law 9-508, I authorize CHIEF Inc. to receive full information as requested, relating to our Credit and Bank experiences. The nature of this inquiry is to evaluate my request for an Open Account (Net 30 Days) with a credit limit to be established commensurate with my needs and my credit and banking history.

Corporate Application:

Individual Application:

Name of Corporation

Signature of Officer-Title

Date

Signature of Individual

Date