



1825 Monroe St. NW
Grand Rapids, MI 49505
Phone: (616) 261-2673
Fax (616) 361-1124

CONFIDENTIAL CREDIT APPLICATION

Name of Firm: _____

Name of Owner: _____

(or authorized personnel for work or purchase orders)

Bill to: _____ Ship to: _____

Bill Contact: _____ Ship Contact: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Email: _____ Email: _____

Type of Business: Corporation() Partnership () Individual ()

Years in Business: _____

Tax Exempt: Yes/No (If yes, attach exemption certificate)

Do you Require Purchase Orders? Yes/No

Date when checks are released: _____

Bank: _____

Bank Phone: _____

We understand that terms are Net 15 Days. We believe our firm is financially able to pay for all materials according to our terms specified. Please initial_____ You may refer to the following credit references:

Name:	Address	Phone	Fax
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Signed: _____ Date: _____

Firm: _____ Title: _____