

NEW CUSTOMER CREDIT INFORMATION

- New Revived Update
 Sole Prop. Partnership Corporation

Your Name		<input type="checkbox"/> Owner <input type="checkbox"/> Manager
Address		
Address		
City, State, Zip		
Phone Number		
Fax Number		
Cell Phone		
Pager Number		
Billing Address If Different Than Above		
Business Name		
Address		
Address		
City, State, Zip		
Attention		

Type of Business: _____

Length of Time in Area: _____

Changes of name or ownership: _____

Bank _____ Branch _____

Checking Savings Loan Contact Name: _____

Supplier	How Long	High Balance	Rating	Limit

FOR INTERNAL USE ONLY

D&B Rating		Telephone Listing		Accounts Receivable	
Credit Limit		Credit Limit Cht.		Rolodex	
H.O. Credit					