



**CREDIT APPLICATION**

Please print or type application. *All fields must be completed.* A signature is mandatory prior to receiving credit terms. If a corporation, the signature must be that of an officer or authorized agent.

Company: \_\_\_\_\_ Date: \_\_\_\_\_  
Main Address: \_\_\_\_\_ Main Phone: \_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_

Corporate Officers: \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_ Title: \_\_\_\_\_

Authorized Purchasing Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Type of Company: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Year Established \_\_\_\_\_

Subsidiary of: \_\_\_\_\_  
Division of: \_\_\_\_\_

TAX ID: \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Title Date

**Terms and Conditions:** Upon approved credit, terms are Net 30 Days with a 10% discount if paid in full within 15 days of invoice.

RIBUS Broker (if known): \_\_\_\_\_

**For office use only**

Price List: \_\_\_\_\_

Terms: \_\_\_\_\_