



8300 MANCHESTER RD. • ST. LOUIS, MO 63144 • (314) 961-4414 • FAX # (314) 961-9166

Date: _____

To: _____

Company: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

From:

Re: Credit Application

Please complete the attached form and fax to us at (314) 961-9166

Attention: **Deanne Allen – direct dial: 314.372.0281**

We look forward to serving all of your Safety needs. Please call my office to order, or if you have any questions. Thank you.

Wishing you continued success,

APPLICATION FOR CREDIT

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

COMPANY NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # (_____) _____ FAX # (_____) _____

SALES TAX ID NUMBER (IF TAX EXEMPT) _____ STATE _____

OFFICERS AND/ OR OWNERS

NAME	TITLE	HOME ADDRESS

CREDIT REFERENCES

LIST THREE TRADE REFERENCES FROM WHOM YOU HAVE PURCHASED ON OPEN ACCOUNT. GIVE COMPLETE ADDRESS, PHONE NUMBER AND **FAX NUMBER**.

COMPANY NAME	CONTACT	ADDRESS	PHONE NUMBER	FAX NUMBER

BANK NAME	CONTACT	ADDRESS	PHONE NUMBER	FAX NUMBER

*****IF YOU ARE TAX EXEMPT YOU MUST COMPLETE AND RETURN A*****

*****TAX EXEMPT FORM WITH THIS CREDIT APPLICATION*****

SIGNED _____

TITLE _____ DATE _____