

# CASSONE

YOUR SOURCE FOR SPACE

## APPLICATION FOR CREDIT

### CUSTOMER INFORMATION

Applicant Name \_\_\_\_\_ A/P Contact \_\_\_\_\_

Business Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

A/P Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

P.O. Required?  Yes  No Tax Exempt?  Yes  No (If Yes, Must include Tax Exempt Certificate)

Type of Business \_\_\_\_\_

Please Check One  Corporation  Partnership  Sole Proprietor  Government  Individual

Owner/Officer \_\_\_\_\_ Title \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ Resale # \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

(Social Security # is Required for Partnership, Sole Proprietor, or Individual)

### TRADE REFERENCES

REFERENCE 1 \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

REFERENCE 2 \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### OTHER

Have you ever filed bankruptcy?  Yes  No \_\_\_\_\_

### DELIVERY ADDRESS/SITE NAME/CONTACT INFO

Site Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

Site Address (Street, City, State and Zip) \_\_\_\_\_