

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) _____