



Credit Application

Date _____ Phone Number _____ Type of Business _____

Name of Firm _____ Billing Address: _____

Address _____

City/State/Zip _____

E-Mail Address _____

Client is: Corporation - Year Inc. & State _____ Partnership Individual Years in Business _____

Officers or Owners: Name, Address, City, State, Zip Code and Social Security Number:

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Amount of Credit Requested: \$ _____ If a Corporation: Do you require a P.O.? _____

Is the Company sales tax exempt? _____ If yes, please attach a completed sales tax exemption certificate.

List three trade references:

Bank Reference:

Company Name _____

Bank Name _____

Address _____

Branch _____ Phone _____

Phone _____ Contact _____

Checking # _____

Savings # _____

Company Name _____

Bank Address _____

Address _____

Phone _____ Contact _____

Contact _____

Company Name _____

Address _____

Phone _____ Contact _____

Clodfelter Engraving, Inc. will not bill a Third Party. Billing will be directed to company or individual listed on credit application

Customer Name: _____

Signed By: _____

Corporate Officer

Credit Application form must be signed and dated by a corporate officer or the owner of the business.

Print Name: _____

Date: _____