

Credit Account Application

Company Name		
Mailing Address		
City	State	Zip
(If different from above) Billing Address		
City		
Billing Contact Name		Phone
Email		Fax
		
Preferred Billing Method (PO, Signature Required, mail or fax invoice, etc)		
Please Provide Two Credit References (Name, Phone, and Email if possible) 1)		
2)		

Return fax to Accounts Receivable at 205-251-7010