



CREDIT APPLICATION

Company: _____ **Phone:** _____ **Fax:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Shipping Address: _____ **City:** _____ **State:** _____ **Zip:** _____

TYPE OF BUSINESS: ___ PARTNERSHIP ___ INDIVIDUAL ___ CORPORATION

Years in Business: _____ **Annual Sales:** _____ **Net Worth:** _____ **Type of Business:** _____

Principal Owner/Partners: _____ **Address:** _____ **Phone #:** _____

OFFICERS (If Corporation):

President: _____ **Vice President:** _____ **Treasurer:** _____

BANK REFERENCE: Account #: Address: Phone #/Fax #:

TRADE REFERENCES: Account #: Address: Phone #/Fax #:

- 1 _____
- 2 _____
- 3 _____

Desired Credit: _____

Name of Accts Pay Rep: _____

**For Sales in Wisconsin:
Please include Resale Certificate.**

I understand the foregoing information is furnished for the supplier's confidential use to establish credit and is correct to the best of my knowledge. If credit is granted, the applicant agrees to meet any outstanding obligations in accordance with the established terms appearing on The Cartridge Connection's policy & procedure form and I accept personal responsibility to pay all debts within the terms of net 30 days.

Signature: _____ **Title:** _____ **Date:** _____