304 Curry Dr.
Sedalia, MO 65301
(660) 827-4251

APPLICATION FOR CREDIT

Date:_____ 20_____

Full Name of Firm:_____ Year Established:_____

Individual Owner: _____ Partnership: _____ Corporation: _____

NAME of owner(s): _____

If Partnership, name(s) of partner(s): _____

If Corporation, name(s) of Corporate Officers:

PRESIDENT:_____ Persons authorized to order:

VICE PRESIDENT: _____ _____

TREASURER: _____ _____

KIND OF BUSINESS: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: (____)_____
area code

BUSINESS REFERENCES*

Name: _____ Phone: _____ Acct #: _____

Address: _____ City: _____ State: _____

Name: _____ Phone: _____ Acct #: _____

Address: _____ City: _____ State: _____

Name: _____ Phone: _____ Acct #: _____

Address: _____ City: _____ State: _____

WHERE DO YOU BANK? (name) _____

BRANCH: _____ ACCOUNT NUMBER: _____

CITY: _____ STATE: _____ PHONE: _____

*American Express, Diners, Carte Blanche, Department Stores and Oil Companies cannot be used as references.

BY: _____

(authorized signature only)