



CONFIDENTIAL CREDIT APPLICATION
(To be used in our files only)

Name of Firm _____

Name of Owner _____
(Or decision-maker that authorizes work or purchases for company)

Billing Address	Shipping Address
_____	_____
_____	_____
_____	_____
County _____	

Bill Contact _____	Ship Contact _____
Phone Number _____	Phone Number _____
Email _____	

Type of Business: Corporation () Partnership () Individual ()

Are you tax exempt? _____ If tax exempt please provide your certificate of exemption for our files.
We have been established _____ years.
We require purchase orders: Yes No

Dates when checks are released _____
We bank at _____
Phone number _____

We understand that American Sanitary Supply's are NET – 30 days. We believe our firm is financially able to pay for all materials according to the terms specified. Please initial _____. You may refer to the following credit references:

Name	City/State	Phone	Fax
1. _____			
2. _____			
3. _____			

Signed _____ Title _____ Date _____