



Credit Application

Name of Company: _____

Address: _____

Area Code/Phone: _____ Area Code/Fax: _____

E-mail Address: _____ Duns #: _____

Federal ID#: _____

(Check One): Ownership _____ Corporation _____ Individual _____ Partnership _____

Nature of Business: _____

Date Business Started: _____ Number of Employees: _____

Principal(s) / Managing Partner(s) / Owner(s)

Name: _____ Name: _____

Address: _____ Address: _____

TRADE REFERENCES

1. Company Name: _____ 2. Company Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

3. Company Name: _____ 4. Company Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Bank: _____ Account #: _____

Address: _____

Contact: _____ Phone: _____

Fax: _____

This application serves as authorization for the above listed references and bank to release information to Cable Ties Plus, Inc. We certify that all the information on this form is correct. We fully understand your credit terms and agree to proper payment in consideration for extended credit.

Signature: _____ Title: _____

Date: _____