



Credit Application

Name: _____

Bill To: _____ City: _____ State: _____ Zip Code: _____

Ship To: _____ City: _____ State: _____ Zip Code: _____

Type of Business:

Governmental Corporation Partnership LLC/LLP Sole Proprietorship

EIN/Social Security Number _____

Relevant Contacts & Purchasing Information:

Type of Purchase Control System : Purchase Order Only Phone Contract Other

If Other, please specify: _____

Owner / General Manager

Purchasing Contact

Finance / Accounts Payable

Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone: _____

Mobile: _____ Mobile: _____ Mobile: _____

Fax: _____ Fax: _____ Fax: _____

E-Mail: _____ E-Mail: _____ E-Mail: _____

Credit Line Requested: \$

Bank Reference:

Bank Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____

Mobile: _____ E-mail: _____

Please check all that apply:
Term Debt: Checking: Savings:
Line of Credit:

For Office Use Only	
D&B Rating: _____	
CC Bal: _____	CS Bal: _____
CT Bal: _____	CLOC Bal: _____
	CLOC Avl: _____
Remarks: _____	





Credit Application

Trade References (please list 3):

Reference 1: _____
 Contact: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

For Office Use Only	
Avg. C/L: _____	Avg. HC: _____
Avg. CB: _____	Avg. PD: _____
Avg. PH: _____	
Remarks: _____	

Reference 2: _____
 Contact: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

Preferred Shipper / Shipping Relationships
Name : _____
Phone # : _____
Fax # : _____
Account # : _____
Remarks : _____

Reference 3: _____
 Contact: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

Salesman: _____	Accept: _____	Reject: _____	Credit Limit: _____
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Sales Tax:

Taxable? (Yes or No) _____ If not taxable, please attach a copy of your tax exempt certificate.

We declare the above information is correct and complete and is given to induce Whiting Door Manufacturing Corp ("Company") to extend credit. We authorize the Company to make such credit investigation as the Company sees, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks, and credit reporting authorities to disclose to the Company any and all information concerning the financial and credit history of my company and myself.

I understand that all invoices are payable in 30 days unless noted otherwise. I agree to pay finance charges up to my state's legal limit for any amounts not paid within the agreed upon terms.

I have read the terms and conditions and agree as indicated by my signature below:

_____	_____	_____	_____
Name	Signature	Position/Title	Date

