



5180 West River Drive NE
Comstock Park, MI 49321

Phone: (616) 784-3103

FAX: (616) 785-1468

CREDIT APPLICATION

Name of Firm: _____

Address Bill To: _____

Ship To: _____

Phone: _____ Fax: _____ Email: _____

Date Business Started: _____ Tax Exempt: _____ (yes or no)

Type of Business: ___ Corporation ___ Proprietorship/Partnership FED ID# _____

Company Officers: Name: _____ Title: _____

Name: _____ Title: _____

Trade References: Name: _____

Address: _____

Phone: _____ Fax: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Bank Name & Address: _____

Accounts Payable Supervisor: _____

Purchasing Agent: _____

Authorized Signature: _____

**Applicant's signature certifies financial responsibility, ability,
and willingness to pay our invoices in accordance with our terms.**

PLEASE COMPLETE FORM AND RETURN VIA FAX TO: (616) 785-1468