



COMMERCIAL CREDIT APPLICATION

DATE: _____

APPLICANT'S BUSINESS NAME

IF CORP., STATE OF INCORPORATION & YEAR

FEDERAL TAX ID NUMBER

BUSINESS BILLING ADDRESS

PHONE NUMBER:

BUSINESS PHYSICAL ADDRESS

FAX NUMBER:

AP CONTACT:

EMAIL ADDRESS (TO RECEIVE ELECTRONIC INVOICES)

BUSINESS TYPE:

HOW LONG IN BUSINESS:

TAX STATUS: EXEMPT (IF EXEMPT, CERTIFICATE & EXEMPTION LETTER **MUST** BE ATTACHED)
 NON-EXEMPT

NUMBER OF EMPLOYEES:

ESTIMATED ANNUAL SALES

PURCHASE ORDER REQUIRED? YES/NO

CREDIT INFORMATION:

TRADE REFERENCES (MUST PROVIDE THREE)

1) BUSINESS NAME PHONE# FAX# CONTACT:

2) BUSINESS NAME PHONE# FAX# CONTACT:

3) BUSINESS NAME PHONE# FAX# CONTACT:

OWNERS OR OFFICERS:

NAME TITLE ADDRESS/PHONE

NAME TITLE ADDRESS/PHONE

PLEASE READ AND SIGN THE ATTACHED TERMS AND CONDITIONS

STORMBOX PO BOX 194084 LITTLE ROCK ARKANSAS 72219

PHONE 501-562-1267 FAX 501-562-2824