Application For Credit

Company Name: _____ President/Owner: _____

Phone: ( ) _____ Fax: ( ) _____ Annual Sales Vol: _____

Bill to Address: _____ City/State/Zip: _____

Ship to Address: _____ City/State/Zip: _____

Type of Business: _____ Started Date: _____

Dun & Bradstreet Number: _____ Sales Tax Number: _____

CHECK ONE: ☐ Sole Proprietor ☐ Partnership ☐ Corporation

TRADE REFERENCES:

	NAME	ADDRESS	PHONE
1.			
2.			
3.			
4.			

Bank: _____ Contact: _____

Address: _____ City/State/Zip: _____

Account Number: _____

Please include one copy of your financial statements with complete credit application. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with these terms as indicated on the invoice.

_____ _____ _____

SIGNATURE **TITLE** **DATE**

COMPATICO OFFICE FURNITURE PARTS
4710 Forty-fourth St., SE
Grand Rapids, MI 49512
Local Phone: 616-940-1772

Date: 2/2006