



**CREDIT APPLICATION**

OCE SALES REP SIGNATURE \_\_\_\_\_  
Name

COMPANY NAME: \_\_\_\_\_

CONTACT NAME/PHONE #: \_\_\_\_\_  
Name Phone

**BILLING ADDRESS**

**SHIPPING ADDRESS (if different)**

\_\_\_\_\_  
Street or P.O. Box #

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone Fax

\_\_\_\_\_  
Telephone Fax

**Type of Business?** \_\_\_\_\_

**How Long in Business?** \_\_\_\_\_ years

**Type of Ownership?**  Corporation  Partnership  Proprietorship\*  Limited Partnership

**State of Incorporation:** \_\_\_\_\_

**Federal Tax ID #** \_\_\_\_\_

Name of Parent Company (if applicable): \_\_\_\_\_

Parent Company Address: \_\_\_\_\_  
\_\_\_\_\_

Company has operated under other names in past five years?:  Yes  No

If yes, list name(s) and location(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Principal Owners/Officers:**

Name/Title: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Name/Title: \_\_\_\_\_

**Finance Dept/Accounts Payable Contact:**

Name/Title: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_  
Telephone Fax

**Three Major Trade References:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Bank Reference:**

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

