

CREDIT APPLICATION

COMPANY INFORMATION

Business Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

Web URL: _____

Federal ID Number: _____

Years in Business: _____

Purchasing Contact: _____

Purchasing e-mail Address: _____

BANK INFORMATION

Name of Bank: _____

Bank Address: _____

Account Number: _____

Bank Contact & Title: _____

Telephone: _____

Fax: _____

TRADE REFERENCES (FAX NUMBERS REQUIRED)

1) Company Name: _____
 City: _____
 State: _____ Fax: _____

2) Company Name: _____
 City: _____
 State: _____ Fax: _____

3) Company Name: _____
 City: _____
 State: _____ Fax: _____

4) Company Name: _____
 City: _____
 State: _____ Fax: _____

Please complete and return this form by mail or fax per the below address details.

Please call Leslie or Jim in our accounting department with any questions or issues.

Thank you for requesting credit with Clark Solutions.

I request and authorize the above references to provide information regarding credit.
 Signature: _____ Date: _____