



Centerline Inc

CREDIT APPLICATION

_____ Name of Company	_____ Telephone Number	_____ Fax Number
_____ Billing Address	_____ Shipping Address	_____
_____ City, State, Zip Code	_____ City, State, Zip Code	_____
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/>	Federal I.D. Number: _____	
Subsidiary? No <input type="checkbox"/> Yes <input type="checkbox"/> - Parent Company: _____		
Date Incorporated/Started: _____	Where Incorporated: _____	
Number of Employees: _____	Tax Exempt? <input type="checkbox"/> No <input type="checkbox"/> Yes - Tax# _____	
(Attach Copy of Current Certificate)		
P.O. Required? _____	Accounts Payable Contact _____	

COMPANY OFFICERS:

President/Owner: _____	Secretary/Treasurer: _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____

BANK REFERENCE:

_____ Name of Bank	_____ Telephone Number	_____ Fax Number
_____ Address	_____ City, State, Zip	_____ Contact Name

TRADE REFERENCES:

_____ Company Name	_____ Telephone Number	_____ Fax Number
_____ Address	_____ City, State, Zip	_____ Contact Name
_____ Company Name	_____ Telephone Number	_____ Fax Number
_____ Address	_____ City, State, Zip	_____ Contact Name
_____ Company Name	_____ Telephone Number	_____ Fax Number
_____ Address	_____ City, State, Zip	_____ Contact Name

Applicant's signature below attests financial responsibility, ability, and willingness to pay invoices Net 30.

By: _____ Title: _____ Date: _____