

a Bennett & Bennett Company APPLICATION FOR CREDIT

Company Name:		
Bill to Address, City & State:		
Phone#:	Fax #:	
Ship to Address:		
	account #:	
Freight Carrier:	account#:	
Purchasing Agent & Email:		
Phone#:	Fax #:	
Accounting Contact: Name:		
Phone: E-mail:		
Do you accept invoices via e-mail? Ye	s NO If yes, e-mail address	
Tay ID#		
Tax ID#	D&B #	
Resale/Tax Exempt#		-
	company does not collect sales tax, which is	the customer's
responsibility.)		
Bank References		
Name:		
Address:		_
City/State/Zip:		-
Contact Person:	Phone#:	
<u>Credit References</u> (please provide at l	least 3 or attach your form)	
Company Name:		_
Address:		_
City/State/Zip:		
Contact Person:		
Fax#:	Email address:	
Company Name:		
Address:		
City/State/Zip:		
Contact Person:		
Fax#:	Email address:	
Company Name:		
Address:		_
City/State/Zip:		
Contact Person:		
Fax#:	Email address:	

Please Note: Our Terms are 2% 10, net 30. No exceptions without prior arrangements.