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CREDIT APPLICATION

Please fill out the following form completely. The more information you provide us, the faster we will be able to process your application for open account.

COMPANY INFORMATION

Company Name:	
Contact Name:	Contact Phone:
Contact Email:	Contact Fax:
Mailing Address:	
Physical Address:	

TRADE REFERENCES

Please provide the contact information for at least three companies that you have established credit with and have purchased from within the past 6 months. Please be sure to include all companies' fax numbers and email addresses in order to expedite the credit approval process.

Company Name:	
Address:	
Phone Number:	Fax Number:
Email:	

Company Name:	
Address:	
Phone Number:	Fax Number:
Email:	

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Company Name:	
Address:	
Phone Number:	Fax Number:
Email:	

TAX EXEMPTION INFORMATION

Tax Exempt Number: _____

Please attach a copy of your tax exempt certificate.

I (We) certify that the facts contained herein are correct to the best of my (our) knowledge. I (We) agree to abide by terms of net 30 days and guarantee prompt payment of all invoices.

Signature: _____ Title: _____

Print Name: _____ Date: _____