

Application for Credit

Company Name:					
Street Address:	Ph	Phone Number:			
City:	State: Zip Code:				
Please Check One: Individual:	Partnership:	Corporation:	LLC:		
Parent Company (if applicable):					
Years in Business:	Credit Line Requested:				
Type of Business:	Estimated Annual	Estimated Annual Sales:			
Are you sales or tax exempt? Yes:	No:	Certificate #			
	***** please provide copy o	f certificate *****			
Accounts Payable Contact:	F	Phone:			
Email Address:	Fax Nu	mber:			
Bank Reference:					
Name of Bank:	Account Nu	mber:			
City, State:	Telephone Nu	mber:			
Business Credit References:					
1.) Company Name:					
Address:					
City/State/Zip:					
Phone:	Fax:	email:			
2.) Company Name:					
Address:					
City/State/Zip:					
Phone:	Fax:	email:			



3.) Company Name:		
Address:		
		email:
We authorize Double E Comp	any, LLC to obtain information conc	erning the credit standing of our company.
Company Name:		Date:
Name:		Title: