

CREDIT APPLICATION



DATE: _____

SALESPERSON: _____

TYPE OF BUSINESS: _____

RETURN FORM TO:

Fax 251-981-8619 OR
EMAIL Askchuck@atworkuniforms.com

COMPANY ADDRESS

HOME OFFICE ADDRESS

NAME: _____
ADDRESS: _____
CITY / STATE / ZIP: _____
PHONE: _____
FAX: _____
EMAIL: _____

CORPORATION _____
PARTNERSHIP _____
SOLE PROPRIETORSHIP _____
MUNICIPALITY / NATION

OWNER(S) OF COMPANY

OR COMPANY OFFICER(S)

NAME: _____
TITLE: _____
PHONE: _____
FAX: _____
EMAIL: _____

FEDERAL TAX (E.I.N.) NUMBER: _____

OR INDIVIDUAL'S SOCIAL SECURITY #: _____

BANK: _____ ACCT #: _____ PHONE: _____

PLEASE PROVIDE FOUR (4) TRADE REFERENCES:

COMPANY	CITY / STATE	EMAIL	PHONE / FAX
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____