



CREDIT APPLICATION

Company Information:

Name of Business Phone Fax

Address City State Zip

Corporation Partnership Sole Proprietorship Credit \$ Requested

Year Started

Tax Exempt # Please attach copy of certificate

Trade References

1. Account#

Business Name Contact Name Phone Fax

Address City State Zip

2. Account#:

Business Name Contact Name Phone Fax

Address City State Zip

3. Account#:

Business Name Contact Name Phone Fax

Address City State Zip

I hereby acknowledge receipt of CrownTonka Walk-Ins Standard Terms and Conditions and understand that they will govern all orders placed by the undersigned with CrownTonka Walk-Ins until further notice of change or termination is given by us or by CrownTonka Walk-Ins.

By: Authorized Signature Title Date