



375 West Maple Street*Yadkinville, NC 27055
Tel:1-336-849-1000 Fax: 1-336-849-1021

Credit Application

Date: _____ Phone Number: _____

Name of Company: _____
Bill To Address: _____
Ship To Address: _____

Three Trade References:

1 Name: _____
Address: _____
Phone: _____ Contact: _____
Fax: _____

2 Name: _____
Address: _____
Phone: _____ Contact: _____
Fax: _____

3 Name: _____
Address: _____
Phone: _____ Contact: _____
Fax: _____

Bank Reference:

Name: _____
Address: _____
Phone: _____ Contact: _____
Fax: _____

Key Personnel:

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

Signature: _____ Date: _____

(Authorized Signature for Company/ Title)