



APPLICATION FOR CREDIT

Company Name: _____

Address: _____

City/State: _____

Phone: () _____ - _____ Fax: () _____ - _____

Name and title of Principal Officers: _____

Individual Responsible for Payment: _____

of years in business _____

Type of Entity: Corporation _____ Partnership _____ Other(Specify) _____

ICC, MC, or OPERATING AUTHORITY # _____

Most Recent Annual Sales: _____ Year Ending: _____

Amount of Credit Requested for a 30 day Period \$ _____

IMPORTANT! Your Invoicing Requirements: _____

BANK: _____ Contact: _____ Phone: _____

Fax: _____ Account #(s) _____

CREDIT REFERENCES

Company: _____ Phone: _____ Fax: _____

Address: _____ Contact: _____

Company: _____ Phone: _____ Fax: _____

Address: _____ Contact: _____

Company: _____ Phone: _____ Fax: _____

Address: _____ Contact: _____

(INTERDOM PARTNERS Salesman # _____)

Please feel free to attach other information as you feel appropriate