



CREDIT APPLICATION

Name of Company or Individual

Mailing Address, City, State, and Zip

Shipping address, City, State, and Zip

*for multiple shipping addresses please include on second page with tax rate

Phone Number

Fax Number

Accounts Payable Contact

Accounts Payable Phone Number

Accounts Payable Email Address

Accounts Payable Fax Number

FINANCE INFORMATION

D-U-N-S # _____

Bank

Phone Number

Bank Officer or Department

Fax for Officer or Department

CREDIT REFERENCES * Must have references & fax or email for application to be considered*

	Business Name	Phone	Fax or Email
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

Tax Information: Please fax W-9 and sales tax certificate

**** VERY IMPORTANT MUST BE COMPLETED ****

Please circle: Taxable? Yes No

Tax ID# _____ or Resale ID# _____

If yes: State _____% County _____% City _____%

Example: Alabama 4% Tuscaloosa 3% City 2%

If sales tax information is not complete, the standard tax rate will be applied

Does your company require **Purchase Order Numbers**-please circle, Yes OR No

We certify that all information on this form is correct. We fully understand your credit terms are and agree to the proper payment in consideration of extended credit. PRS terms are Net 30.

Date _____

Signed _____

Title _____

Kenisha Love Accounts Receivable



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