



Credit Application

BUSINESS INFORMATION

Company name:		Date business commenced:
AP Contact:		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Subsidiary
Phone:		<input type="checkbox"/> Division <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other
Fax:		D&B #:
E-mail:		Federal ID#:
Billing Address:	_____	Sales Tax ID#:
	_____	*If applicable, send tax certificate, sales tax will not be credited prior to receiving exempt form*
Ship to Address:	_____	Bank Reference: _____
	_____	Account#: _____
	_____	Bank Contact: _____
		Phone: _____
		Fax: _____
PO REQUIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Owner Name:		Address:
Owner Name:		Address:
Owner Name:		Address:

BUSINESS / TRADE REFERENCES

Company name:		Phone:
Address:		Fax:
City, State ZIP:		E-mail:
Type of account:		Other:
Company name:		Phone:
Address:		Fax:
City, State ZIP:		E-mail:
Type of account:		Other:
Company name:		Phone:
Address:		Fax:
City, State ZIP:		E-mail:
Type of account:		Other:

SIGNATURE

Authorized Signature:	
Printed Name & Title:	
Date:	

Return Application & Bank Reference Form by E-Mail, Mail or Fax
 Attn: Accounts Receivable
 PO BOX 1885
 Wake Forest NC 27588
 Fax: 919-556-8680 / E-Mail: EMSAP@EMSNC.COM