



# Credit Application

6310 Grand Haven Road, Norton Shores, MI 49441  
 P. 888-237-3221 F. 805-925-1033 E. accounting@cfsprod.com

## Company Information

Last:	First:	Middle Initial:	Title:
Name of Business:			Federal I.D. Number:
Type of Business:			
Shipping Address:			
Billing Address:			
Phone:			

## Bank References

Institution Name:	Institution Name:	Institution Name:
Account Number:	Account Number:	Account Number:
Address:	Address:	Address:
Phone:	Phone:	Phone:

## Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Account Number:	Account Number:	Account Number:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date