



CREDIT APPLICATION

COMPANY INFORMATION

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Accounts Payable Manager _____

OWNERSHIP

Sole Proprietorship

Partnership

Corporation

Name of principal and title(s)

Has this company and any of its principals ever been bankrupt? Yes No

BANK REFERENCES

We authorize Andrew Thompson Co. to contact the accounts listed below for credit information

(Authorized Signature)

Bank Name _____ Branch _____

Account Officer _____ Phone (____) _____ Fax (____) _____

Address _____

Checking Account# _____ Savings Account# _____

