

# CREDIT APPLICATION



Terrapin Tool Company  
69 Morton St.  
Jefferson, GA 30549

404-310-2442  
fax: 678-623-0560  
irina@terrapiintool.com  
www.terrapiintool.com

Date \_\_\_\_\_

New  Update

Sales Rep \_\_\_\_\_

Company Name	Type of Business	SIC Code	
Billing Address	City	State	Zip
Shipping Address	City	State	Zip
Accounts Payable Contact Name	Phone	Fax:	
E-Mail Address			
Resale #	Federal Tax ID#:	Credit Limit Request	

No. Yrs. In Business \_\_\_\_\_  Sole Proprietorship  Partnership  LLC  Corporation

No. Yrs. at This Address \_\_\_\_\_  Own Bldg.  Rent Dun & Bradstreet # \_\_\_\_\_

Other Company Names You Have Done Business Under \_\_\_\_\_

<u>Owners/Officers</u>	<u>Title</u>	<u>Phone</u>

Bank Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Officer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Acct. # \_\_\_\_\_

Trade References (Minimum of 4, NOT including bank reference, utilities, freight or landlord). Please include fax numbers.

Name _____	Name _____
Address _____	Address _____
City _____ St. _____ Zip _____	City _____ St. _____ Zip _____
Ph _____ Fax _____	Ph _____ Fax _____
Name _____	Name _____
Address _____	Address _____
City _____ St. _____ Zip _____	City _____ St. _____ Zip _____
Ph _____ Fax _____	Ph _____ Fax _____