

CREDIT APPLICATION



Please fill out either form, save with company name,
and email directly to: accessbetterthinking@allegiscorp.com

COMPANY NAME: _____ CONTACT: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: () _____ FAX: () _____ E-MAIL: _____
PURCHASING AGENT: _____ DUN & BRADSTREET LISTED: ____ YES / No ____
A/P CONTACT: _____ DUN & BRADSTREET NO. : _____
PHONE: () _____ NO. OF YEARS IN BUSINESS: _____ NO. OF EMPLOYEES: _____
E-MAIL: _____

CREDIT REFERENCES: (A MINIMUM OF THREE REFERENCES ARE REQUIRED)

1. COMPANY NAME: _____ CONTACT: _____ PHONE: () _____
ADDRESS: _____ FAX: () _____
2. COMPANY NAME: _____ CONTACT: _____ PHONE: () _____
ADDRESS: _____ FAX: () _____
3. COMPANY NAME: _____ CONTACT: _____ PHONE: () _____
ADDRESS: _____ FAX: () _____
4. COMPANY NAME: _____ CONTACT: _____ PHONE: () _____
ADDRESS: _____ FAX: () _____
5. COMPANY NAME: _____ CONTACT: _____ PHONE: () _____
ADDRESS: _____ FAX: () _____

STATE TAX I.D. #: _____

FEDERAL TAX I.D. #: _____

TYPE OF BUSINESS: CORPORATION LLP SOLE PROPRIETOR PARTNERSHIP OTHER: _____

(CIRCLE ONE)

AUTHORIZED SIGNATURE: _____