

SPECIALTY DISTRIBUTORS

11206 Ampere Court, Louisville, KY 40299

Phone:(502) 266-8800

Fax:(502) 266-5812

Credit Application: (Please fill out ALL information)

Date: _____

Company Name: _____

Company Website: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone # _____

Fax # _____

Owner/Officer Name: _____ Years In Business: _____

Federal ID # _____ OR Social Security # _____

Dunns # _____

(Please Include A Copy Of Your Tax Exemption Certificate, If Applicable)

Trade References:

1). _____ Phone # _____ Fax # _____

2). _____ Phone # _____ Fax # _____

3). _____ Phone # _____ Fax # _____

Bank Name: _____ Bank Telephone # _____

Bank Account #: _____

Bank Fax # : _____ Bank Contact: _____

I hereby authorize the above listed bank to release information concerning the financial standing of our company to Specialty Distributors.

Signature & Title of Authorized Person: _____

Name of Company: _____