Supplier Credit Application Form

Date:
То:
Credit Department
[Supplier Name]
[Supplier Address]
[City, State, Zip Code]
Dear [Supplier Name],
We are writing to apply for a credit account with your esteemed company. Below are our company details:
Company Information:
Company Name:
Address:
City:
State:
Zip Code:
Email:
Phone:
Business Details:
Business Type:
Years in Business:
Tax ID Number:

Credit Information:

Requested Credit Limit:	
Bank Reference:	
Contact Person:	
Phone Number:	
References:	
1. Company Name:	
Contact Person:	
Phone Number:	
2. Company Name:	
Contact Person:	
Phone Number:	
By signing below, we authorize the release of	f our credit information to your company.
Authorized Signature:	_
Name:	
Title:	
Date:	
Thank you for considering our credit applicat	ion.
Sincerely,	
[Your Name]	
[Your Position]	
[Your Company]	