



1 Missouri Research Park Drive  
Saint Charles, MO 63304  
800-695-0036

Fax this to  
800-695-4584

### CREDIT APPLICATION

The following information is submitted for your consideration as a basis of extension of credit to us:

\_\_\_\_\_ Box No. \_\_\_\_\_  
 Name of firm or individual

\_\_\_\_\_ Box Zip \_\_\_\_\_  
 Street Address

\_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 City, State, Zip Code

How many Years at this Address \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Complete in full the following information: (It will be held in strict confidence.)

Legal Entity: \_\_\_\_\_ Corporation \_\_\_\_\_ Proprietorship \_\_\_\_\_ Co-Partnership  
(Corporation – List names & titles of officers. Owners or Partners – List names)

Name(s)	Address	Position	Phone

\_\_\_\_\_ List complete name & address of parent company (if business is: Division or Subsidiary)

\_\_\_\_\_ Invoices Paid by Parent Company      \_\_\_\_\_ Invoices Paid by Subsidiary or Division

#### Bank Information

Name \_\_\_\_\_ Address \_\_\_\_\_

Bank Contact Name \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

References are listed on the following page. We certify that all information submitted is correct; that we fully understand your credit terms of Net 30 Days; and that we agree to the proper payment in consideration of extended credit.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
 Title \_\_\_\_\_

## TRADE REFERENCES

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

---

---

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

---

---

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

---

---