



PLEASE SUBMIT APPLICATION TO:  
 FAX# 308-995-4883  
 PHONE# 308-995-4495 OR 800-562-1373

**GENERAL BUSINESS INFORMATION (COMPLETE ALL FIELDS\*)**

\*LEGAL BUSINESS NAME: \_\_\_\_\_  
 \*STREET ADDRESS: \_\_\_\_\_ \*CITY \_\_\_\_\_ \*STATE \_\_\_\_\_ \*ZIP \_\_\_\_\_  
 \*PHONE #: (\_\_\_\_) \_\_\_\_\_ \*FAX # (\_\_\_\_) \_\_\_\_\_  
 \*BILLING ADDRESS: \_\_\_\_\_ \*CITY \_\_\_\_\_ \*STATE \_\_\_\_\_ \*ZIP \_\_\_\_\_  
 \*PHONE #: (\_\_\_\_) \_\_\_\_\_ \*FAX # (\_\_\_\_) \_\_\_\_\_  
 \*FEDERAL TAX ID# \_\_\_\_\_ \*DUN & BRADSTREET# \_\_\_\_\_ DBA if any \_\_\_\_\_  
 (NOTE: IF APPLICABLE, COPY OF RESELLER OR TAX EXEMPTION CERTIFICATE REQUIRED.)

\*TYPE OF BUSINESS:  INDIVIDUAL  PARTNERSHIP  CORPORATION  
 YEARS IN BUSINESS: \_\_\_\_\_ YEAR OF INC. \_\_\_\_\_ STATE OF INC. \_\_\_\_\_  
 ANNUAL SALES \_\_\_\_\_ % OF BUSINESS ( ) RETAIL ( ) WHOLESALE  
 LINE OF BUSINESS \_\_\_\_\_

**NAME OF OWNERS, PARTNERS, OR OFFICERS AND TITLES IF INCORPORATED.**

(COMPLETE ALL FIELDS AND PROVIDE AT LEAST ONE OWNER, PARTNER OR OFFICER. INCLUDE SS # ON SOLE PROPRIETORSHIPS.)

*NAME _____	NAME _____
*TITLE _____	TITLE _____
*PHONE # _____	PHONE # _____
*EMAIL _____	EMAIL _____
*SOCIAL SECURITY # _____	SOCIAL SECURITY # _____

**TRADE REFERENCE INFORMATION (COMPLETE ALL FIELDS AND PROVIDE AT LEAST TWO REFERENCES.)**

*NAME _____	NAME _____
*CONTACT PERSON _____	CONTACT PERSON _____
*ADDRESS _____	ADDRESS _____
*CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
PHONE # (____) _____	PHONE # (____) _____
*FAX # (____) _____	FAX # (____) _____
*ACCOUNT # _____	ACCOUNT # _____
*NAME _____	NAME _____
*CONTACT PERSON _____	CONTACT PERSON _____
*ADDRESS _____	ADDRESS _____
*CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
PHONE # (____) _____	PHONE # (____) _____
*FAX # (____) _____	FAX # (____) _____
*ACCOUNT # _____	ACCOUNT # _____

**BANK REFERENCE INFORMATION (COMPLETE ALL FIELDS AND PROVIDE AT LEAST ONE REFERENCE.)**

*BANK NAME _____	BANK NAME _____
*CONTACT PERSON _____	CONTACT PERSON _____
*ADDRESS _____	ADDRESS _____
*CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
*PHONE (____) _____	PHONE (____) _____
*FAX # (____) _____	FAX # (____) _____
*CHECKING ACCOUNT # _____	CHECKING ACCOUNT # _____
*SAVINGS ACCOUNT # _____	SAVINGS ACCOUNT # _____
*LOAN # _____	LOAN # _____

This application is submitted for the purpose of obtaining credit and is warranted to be true. By signing this application the undersigned acknowledges that he/she is authorized to execute this application and to obligate the company to make payment in full for all amounts due according to invoice on or before the net due date. The undersigned hereby authorizes to make such inquiries (corporate/personal) as are necessary to obtain credit information and authorizes the bank(s) to release information regarding accounts.

\*SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER \_\_\_\_\_

DATE \_\_\_\_\_

\*PRINTED NAME OF SIGNER \_\_\_\_\_

TITLE \_\_\_\_\_