



CREDIT APPLICATION

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

Legal Business Name:			
Date Business was Established:			
Business Address:			
City:		State:	Zip Code:
Residential Address? YES NO		Loading Dock available for shipments? YES NO	
Phone #		FAX #	
Accounts Payable Contact:		AP Email:	
Email for Invoices to be sent:			
TAX EXEMPT? NO YES		*If Yes, you must attach a copy of your Resale/Tax Exempt Certificate for <u>all</u> locations.	
Federal Tax ID #		*Please attach a copy of your W9 with this application	
CANADA ONLY:			
GST#	Broker:		Broker Phone #

Banking Information:	
Bank Name:	
Bank Address:	
Bank Phone #	Bank Fax #
Banker's Email Address:	
Account #	

Supplier/Trade Credit References (3 References are required):	
Company Name:	
Address:	
Phone #	Fax #
Email Address:	
Company Name:	
Address:	
Phone #	Fax #
Email Address:	
Company Name:	
Address:	
Phone #	Fax #
Email Address:	

****NO ALTERATIONS TO THIS FORM WILL BE ACCEPTED****

Any companies listed above, as an open account with us, are expected to abide by our credit terms, which are **NET 30 Days** from the date of invoice.
By signing below, you agree to the above stated terms and give the above suppliers permission to complete a credit reference.

Signed: _____ Title: _____ Date: _____

Please email this form along with your W9 & Sales Exempt/Resale Certificate to AR@FGPRODUCTS.COM