



CUSTOMER INFORMATION

Company Name: _____	Tax Exempt: ___Yes ___No
Form of Business: (please check one): Corporation___ Partnership___ Individual___	If Tax Exempt, Certificate Number: _____
Address 1: _____	ACCOUNTS PAYABLE
Address 2: _____	Contact Name: _____
City/State: _____	Phone Number: _____
Zip/Postal Code: _____	Fax Number: _____
Phone: _____	* Email Address: _____
Fax: _____	Credit Limit Requested: _____
Federal Tax ID: _____	
Date Business Started (mm/yy) _____	* INVOICES WILL BE SENT VIA EMAIL
D&B Number: _____	

BANK ACCOUNT INFORMATION *Bank account number, bank contact name, and fax are required fields*

Bank Name: _____	*Account Manager/Contact: _____
Address 1: _____	Bank Contact Email: _____
Address 2: _____	Main Phone: _____
City/State: _____	* Fax: _____
Country: _____	* Account Number: _____

TRADE REFERENCES (please provide 3 trade references)

	TRADE REFERENCE	TRADE REFERENCE	TRADE REFERENCE
Company Name:			
Address:			
Address:			
Phone:			
Fax:			
Contact:			

Authorization: Permission is granted to Scrubin Uniforms, Inc. to obtain credit information from all listed trade and bank references. As payment history is established over a 90 day period, a Net 30 payment status may be issued. I understand that all new accounts must be pre-paid by check until credit is approved and that orders will not be shipped until check has cleared for payment. Orders will not be shipped if the account is past due. I certify that all information contained in this credit application is correct in all respects. I also certify that I am an authorized signing official of the Company named above.

Print Name: _____ Signature: _____
 Title: _____ Date: _____

Credit application will not be processed without Authorized Customer Signature