

CREDIT APPLICATION
(Please complete in full)

DATE: _____



**PO Box 10138
Springfield, MO 65808-1013**

We hereby apply for the extension of credit by your firm and submit the following information as a basis for your consideration of our application. You are hereby authorized to investigate this information pertaining to our credit and financial responsibility.

FIRM'S LEGAL NAME _____ PHONE _____

OPERATING OR TRADE

NAME _____ FAX _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT NAME _____

E-MAIL _____

CORPORATION ____ PROPRIETORSHIP ____ PARTNERSHIP ____ LIMITED PARTNERSHIP ____

DATE STARTED _____ If Incorporated, state in which incorporated _____

PRINCIPAL OWNERS OR STOCKHOLDERS:

NAME	ADDRESS	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any specific instructions needed by your firm for processing our invoice for payment:



CARRIER REFERENCES

NAME	ADDRESS	CITY/STATE	PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

NAME OF BANK _____ PHONE _____

CONTACT _____ FAX _____

ADDRESS _____ ACCT # _____

CITY _____ STATE _____ ZIP _____

PLEASE ATTACH A CURRENT FINANCIAL STATEMENT (Must be attached for approval).

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms of net 15 days from invoice date.

FIRM NAME _____ PHONE _____

SIGNATURE _____ SS #: _____

NAME (Please Print) _____ TITLE _____

PLEASE FAX YOUR RESPONSE – ATTN: CREDIT DEPARTMENT @ (417) 521-6882.