



661 N. 50th St.
Omaha, NE 68132
one 402-884-6716
Fax 402-933-0939

FOR INTERNAL OFFICE USE
Sales Rep : _____
Phone # : _____

CREDIT APPLICATION

Date : _____ Amount Requested \$ _____
(If over \$5,000, financial statements are required)

Company Name _____

Street _____ Box _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Auth A/P Person _____

Authorized Purchase Agent _____

LIST FOUR TRADE REFERENCES BELOW:

Name : _____ Phone : _____ Fax : _____
Address : _____ Contact / Officer : _____
City : _____ State, Zip : _____

Name : _____ Phone : _____ Fax : _____
Address : _____ Contact / Officer : _____
City : _____ State, Zip : _____

Name : _____ Phone : _____ Fax : _____
Address : _____ Contact / Officer : _____
City : _____ State, Zip : _____

Name : _____ Phone : _____ Fax : _____
Address : _____ Contact / Officer : _____
City : _____ State, Zip : _____

Federal ID # _____ In Business Since _____

Nature of Business _____

Name of Your Bank _____ Acct # _____

Bank Phone # _____ Bank Officer _____

Bank Fax # _____

Ownership: Corporation* _____ Partnership _____ Proprietorship _____ Franchise _____
** If Corporation, please list officers on separate page with state*

I hereby authorize those listed above to disclose information on open accounts, lines of credit, and other pertinent information relevant to establishing an account with J. Edwin Brown LLC

Signed Title Date