

# CREDIT APPLICATION



Company Name:

Address:

City / State / Zip:

Email:

Phone:

Business Type:          Sole Proprietor          Partnership          Corporation | State:

How Long in Business?

D & B Number:

Tax Exempt?          Yes\*          No

*\* If you are tax exempt, provide your sales tax exempt certificate when submitting this form.*

## PRINCIPALS / OFFICERS

Names & Address of Individuals or Partners          -or-          Name, Title & Phone of Corporate Officers

## CONTACT PERSON FOR PURCHASE ORDERS & INVOICES

Name	Title	Email	Phone
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Preference of Delivery?          Mail          Email

## BANK REFERENCES (One Banking Reference is Required. A Second Banking Reference is optional.)

Bank Name	Account Number	Contact	Phone
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1.

2.

## TRADE REFERENCES (Two Trade References are Required.)

Company Name	Contact	Address	Phone
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1.

2.

Return Completed Form by Email to: [accounting@highpointnetworks.com](mailto:accounting@highpointnetworks.com) -or- Fax to: 701-356-7777