



8787 Lenexa Drive  
Overland Park, KS 66214  
Phone: 913-362-TOWS (8697)  
Fax: 913-432-2450

## Credit Application

Please fill this form out and fax it to 816-432-2450 Attention: Credit Department

Full Name of Your Company \_\_\_\_\_

Billing Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Telephone Number (     ) \_\_\_\_\_ Fax Number (     ) \_\_\_\_\_

President/Owner \_\_\_\_\_ Controller \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

Parent Company \_\_\_\_\_ Branch Locations \_\_\_\_\_

Type of Business     CORPORATION                      PARTNERSHIP                      SOLE PROPRIETOR

Has the Ownership Changed in the Past Year?    YES \_\_\_\_\_    NO \_\_\_\_\_

Years in Business \_\_\_\_\_ Number of Employees \_\_\_\_\_ Dun & Brad Number \_\_\_\_\_

Payment Schedule     NET \_\_\_\_\_ Federal ID Number \_\_\_\_\_

What Paperwork Do You Require     BILL OF LADING \_\_\_\_\_     INVOICE \_\_\_\_\_

PROOF OF DELIVERY \_\_\_\_\_     PO # \_\_\_\_\_

Bank Name \_\_\_\_\_ Telephone Number (     ) \_\_\_\_\_

Contact Person \_\_\_\_\_

Checking Account # \_\_\_\_\_ Checking Account # \_\_\_\_\_

Line of Credit Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

Officer's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Type or Print Name \_\_\_\_\_

Please list references below & be sure to add a fax number for each one.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_

Phone (     ) \_\_\_\_\_

Fax (     ) \_\_\_\_\_

Fax (     ) \_\_\_\_\_