



Print, Complete And Fax

1-888-890-9104

CREDIT APPLICATION

1 Company Information

Company
d/b/a (if applicable)
Address
Suite/Rm.
City/State Zip Code
Type Of Business
Approx. # Of Employees
Years In Business

Check which is applicable to your company:

- Sole Proprietorship
Corporation
Partnership
Limited Partnership
LLC
Other

Tax Exempt? YES NO
(If yes, please include retail certificate with application.)

4 Authorization

I hereby attest to the accuracy of the information above and agree to abide by all terms and conditions set forth by SkylineDirect.

Signature
Printed Name
Date

2 Contact Information

Phone ()
Fax ()
Email
Name Of Contact

3 Trade References

Reference #1

Company
Phone ()
Fax ()
Contact
Acct. #

Reference #2

Company
Phone ()
Fax ()
Contact
Acct. #

Reference #3

Company
Phone ()
Fax ()
Contact
Acct. #

Thank you. You will receive a response within 24 hours.