

Credit Application 1-800-472-8464

		Date
Company Name		
Owner/ President		
Mailing Address		
City	State	Zip
Ship to Address		
City	State	Zip
Telephone	Fax	
Taxable: Yes or No If no, plea	se send copy of certificate imm	nediately with references.
Credit Limit Requested \$	(should = 60 days of expected purchase spending)	
Dun & Bradstreet Rating	SIC Code	
BANK REFERENCE		
Name	Acct	#
Location	Phone	e # ()
Contact Name		
TRADE REFERENCES (Preferal purchases over 90 day period.	bly metal service companies) H	ligh credit based upon
Company	Phor	ne ()
City/ State	Fax#	# ()
Company	Phor	ne ()
City/ State	Fax#	# ()
Company	Phor	ne ()
City/ State	Fax#	# ()
Below Section to be filled out by Brown-Campbell Company		
Credit Approved/	_	Selling Branch :
Account #	Order #	Amount \$