

CREDIT APPLICATION

DATE:

COMPANY NAME:

ADDRESS:

CITY: STATE: ZIP:

ATTENTION: (send invoices to) PHONE:

ALTERNATE CONTACT: PHONE:

EMAIL: I would like to receive communications via e-mail relating to CIRS, its products and services. I can opt out at any time and CIRS will not share my information.

REFERENCES

NAME OF BANK:

CONTACT NAME: PHONE:

BRANCH LOCATION: ACCT NO.

TRADE REFERENCES

NAME:

ADDRESS: CITY: ZIP:

CONTACT NAME: PHONE: FAX:

YEARS EXPERIENCE WITH ABOVE COMPANY

NAME:

ADDRESS: CITY: ZIP:

CONTACT NAME: PHONE: FAX:

YEARS EXPERIENCE WITH ABOVE COMPANY

NAME:

ADDRESS: CITY: ZIP:

CONTACT NAME: PHONE: FAX:

YEARS EXPERIENCE WITH ABOVE COMPANY

(We) hereby authorize the above listed bank and trade references to release any and all information relative to our account which is beneficial to securing a credit line with CIRS.

PRINT NAME: DATE:

SIGNATURE: TITLE:

INSTRUCTIONS:

- Please click in boxes to enter information in appropriate field
- For security, FAX or mail completed order form. **DO NOT E-MAIL.**