

New customer credit application

Please complete the form using Adobe Acrobat then print, sign, and fax to 317.875.0837 or email to wiloughby@willoughby-ind.com, attention Accounting Department.



Business name: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ ZIP: _____

Business type: Sole proprietor Corporation Partnership

Requested line of credit: _____

Name: _____ Title: _____

Signature: _____ Date: _____

References:

Bank name: _____ Phone: _____ Fax: _____

Address: _____ Contact: _____

City: _____ State: _____ ZIP: _____

Supplier name #1: _____ Phone: _____ Fax: _____

Address: _____ Contact: _____

City: _____ State: _____ ZIP: _____

Supplier name #2: _____ Phone: _____ Fax: _____

Address: _____ Contact: _____

City: _____ State: _____ ZIP: _____

Supplier name #3: _____ Phone: _____ Fax: _____

Address: _____ Contact: _____

City: _____ State: _____ ZIP: _____