



INTERSTATE UTILITY TRAILER CREDIT APPLICATION

BUSINESS ADDRESS

BILLING ADDRESS (IF DIFFERENT)

FEDERAL ID NUMBER: _____

Accounts Payable Contact

NAME	PHONE	EMAIL	FAX
_____	_____	_____	_____

TRADE REFERENCES

NAME	ADDRESS	CONTACT	PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

BANK REFERENCES

NAME	ADDRESS	CONTACT	PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____

IS YOUR COMPANY INCORPORATED? _____

HOW MUCH CREDIT WILL YOU REQUIRE? \$ _____

ESTIMATED MONTHLY PURCHASES FROM INTERSTATE? \$ _____

TAX EXEMPT? (If so, please complete Certificate of Exemption) _____

DO YOU REQUIRE A PO? _____

SALES CONTACT AT INTERSTATE UTILITY TRAILER _____