

FRITZ INDUSTRIES

CREDIT APPLICATION

CONTACT INFORMATION	
NAME	TITLE
EMAIL	PHONE

BUSINESS INFORMATION AS REGISTERED			
COMPANY NAME			
BILLING ADDRESS		PHONE	
CITY	STATE	ZIP CODE	
SHIPPING ADDRESS		PHONE	
CITY	STATE	ZIP CODE	

Terms Requested		
Net 30	Amount Requested:	Cash in Advance/Credit Card

SALES TAX **Note Valid Sales Tax Certificate Required**	
Exempt/Not Exempt	Sales Tax ID

BUSINESS/TRADE REFERENCES
Please provide us at least three other companies your business has established credit with previously

1 COMPANY	CONTACT NAME
PHONE	EMAIL

2 COMPANY	CONTACT NAME
PHONE	EMAIL

3 COMPANY	CONTACT NAME
PHONE	EMAIL

4 COMPANY	CONTACT NAME
PHONE	EMAIL

COMPANY REPRESENTATIVE	
SIGNATURE	TITLE
NAME	DATE

email completed form to creditapp@fritzind.com