



C.O.M. LAMINATIONS • LAMINATORS OF VINYL TO WOVEN AND
NON-WOVEN FABRICS • LAMINATED TABLE COVERS
VINYL TABLE COVERS • UPHOLSTERY GOODS

CREDIT APPLICATION

If a Corporation:

Corporation Name _____

Trade Name (If Applicable) _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Federal ID # _____

If a Proprietorship or Partnership:

Trade Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Social Security # of Proprietor _____

Name of Officers or Owner(s). Be sure to include Social Security Number unless a Corporation.

Year Established _____

Resale Tax Certificate Number _____

(Attach Certificate to Application) **

Trade References (Minimum Four (4) Active)

Name _____
Street _____
City _____ State _____ Zip _____
Phone # _____ Fax # _____
Account # _____

Name _____
Street _____
City _____ State _____ Zip _____
Phone # _____ Fax # _____
Account # _____

Name _____
Street _____
City _____ State _____ Zip _____
Phone # _____ Fax # _____
Account # _____

Name _____
Street _____
City _____ State _____ Zip _____
Phone # _____ Fax # _____
Account # _____

Bank References

Name _____ Street _____
City _____ State _____ Zip _____
Phone # _____ Account # _____
Bank Officer _____

Signed by Proprietor/Partner or Officer
Date _____

**Sales Tax for Minnesota will be charged if appropriate.