



WHERE MARKETING RULES

Phone 313-561-0378
Fax 866-550-0468
www.picamarketinggroup.com

CREDIT APPLICATION

Company Name		Phone Number	
Company Address (Street)	(City)	(State)	(Zip Code)
Billing Address (if different from above)	(City)	(State)	(Zip Code)

Tax Exempt: Yes No If yes, please provide NUMBER:

Type of Organization: Proprietorship Partnership Corporation L.L.C.

State of Incorporation:	Date of Incorporation:
President :	Vice President:
Purchasing Agent:	Accounts Payable:
Established Business:	Tax ID Number:

BANK REFERENCE

Bank Reference:	Account Number:		
Contact:			
Address (Street)	(City)	(State)	(Zip Code)

CREDIT REFERENCE

Company Name	Phone Number		
Address (Street)	(City)	(State)	(Zip Code)
Company Name	Phone Number		
Address (Street)	(City)	(State)	(Zip Code)
Company Name	Phone Number		
Address (Street)	(City)	(State)	(Zip Code)

Signature

Title

Date