



CREDIT APPLICATION

APPLICANT REPRESENTS AND WARRANTS ALL INFORMATION IS TRUE AND CORRECT AND A TRUE AND COMPLETE STATEMENT OF ITS FINANCIAL CONDITION.

APPLICANT: BUSINESS OR CORPORATE NAME			F.I.D. NUMBER		APPLICATION DATE
BUSINESS STREET ADDRESS			BILLING ADDRESS: STREET OR PO BOX		
CITY	STATE	ZIP	CITY	STATE	ZIP
BUSINESS TEL. NO.	YEAR BUS. STARTED	NUMBER OF EMPLOYEES	MONTHLY STATEMENT REQUIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO	
FAX NO.	SALES CONTACT		ACCOUNTS PAYABLE CONTACT		
WE ARE ENGAGED IN THE BUS. OF	TYPE OF BUSINESS:	<input type="checkbox"/> PARTNER. <input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> CORP.	BUSINESS BUILDING IS:	
				<input type="checkbox"/> OWNED	<input type="checkbox"/> RENTED
CONTRACTOR'S LICENSE NO.			STATE TAX EXEMPTION NO. (ATTACH CERTIFICATE IF APPLICABLE)		

PRINCIPAL OWNERS OR STOCKHOLDERS

NAME/SOCIAL SECURITY NUMBER	TITLE	HOME ADDRESS	HOME PHONE

FINANCIAL INSTITUTION

NAME	BRANCH ADDRESS	ACCOUNT NUMBER	ACCT TYPE

MAIN SUPPLIERS (PLEASE DO NOT LIST F.W. WEBB THEY DO NOT PROVIDE REFERENCES)

NAME	ADDRESS	PHONE NUMBER	ACCT #

HAS APPLICANT OR ANY OF ITS OWNERS, PRINCIPALS, PARTNERS, OFFICERS, OR DIRECTORS EVER FILED A PETITION IN BANKRUPTCY, BEEN ADJUDGED BANKRUPT, OR MADE AN ASSIGNMENT FOR THE BENEFIT OF CREDITORS?	
ARE THERE ANY PAST DUE TAXES OWED BY APPLICANT TO TAXING AUTHORITIES?	HAS A TAX LIEN OR CIVIL SUIT BEEN FILED AGAINST APPLICANT, OWNERS, PRINCIPALS OR PARTNERS WITHIN THE PAST SIX YEARS?
IS A WRITTEN PURCHASE ORDER REQUIRED FOR THE RELEASE OF MERCHANDISE?	DOES APPLICANT HAVE A MERCHANDISE ORDER PENDING? IF YES, WHAT IS THE APPROXIMATE AMOUNT OF THE ORDER?
HAS APPLICANT PURCHASED FROM SGT ON A CASH BASIS?	IF YES, WHAT IS THE NAME ON THE CHECKS?

APPLICANT: PLEASE COMPLETE AND SIGN REVERSE SIDE OF THIS FORM