



P.O. BOX 94127
OKLAHOMA CITY, OK 73143
PHN: (405)670-2803
FAX: (405)672-5681

APPLICATION FOR CREDIT

NAME OF COMPANY: _____

BILLING ADDRESS: _____ CITY/STATE/ZIP _____

SHIPPING ADDRESS: _____ CITY/STATE/ZIP _____

TELEPHONE #: _____ FAX #: _____

NAME OF PRESIDENT/OWNER: _____

YEAR BUSINESS STARTED: _____ TAX STATUS: TAXABLE NON-TAXABLE (ATTACH CERTIFICATE)

REFERENCES: (PLEASE BE SURE TO INCLUDE FAX NUMBER)

BANK NAME: _____ CONTACT NAME: _____

TELEPHONE #: _____ FAX#: _____

TRADE REFERENCES:

- 1. NAME: _____ PHONE: _____
FAX: _____
- 2. NAME: _____ PHONE: _____
FAX: _____
- 3. NAME: _____ PHONE: _____
FAX: _____

All debts owed by customer are due within (30) days after the date of invoice. The undersigned states that they have the authority to bind the applicant to this agreement, and hereby authorizes all companies and financial institutions to release applicant's credit information to ORTCO, Inc....

Signature of Representative of Firm: _____

Title: _____

Please fax or email back to ORTCO INC at 405-672-5681/accountsreceivable@ortcoinc.com