

PICKREL BROS., INC.

WHOLESALE DISTRIBUTORS

901 SOUTH PERRY * DAYTON, OH 45402

PHONE: (937) 461-5960 * FAX (937) 461-6883

E mail: accountsreceivable@pickrelbros.com

CREDIT APPLICATION

Company Name_____

Billing Address_____

Street Address_____

City_____ State_____ Zip Code_____

Phone No._____ Fax No._____

Ownership: () Corporation () Partnership () Proprietorship

President_____ Vice President_____

Purchasing_____ Treasurer_____

Type Of Business_____

Taxable ___ Non Taxable___ (Please include a tax exemption form if applicable)

Major Trade References

*Please Include Company Fax Numbers. Otherwise Processing of Application May Be Delayed.

Name_____

Phone No._____ Fax No._____

Address_____

Name_____

Phone No._____ Fax No._____

Address_____

Name_____

Phone No._____ Fax No._____

Address_____

Name_____

Phone No._____ Fax No._____

Address_____