

AP Cables, Inc.

apcables@nc.rr.com

Please fax completed credit application forms to (919) 847-9905

Company Legal Name: _____

DBA: _____

Billing Address: _____

Shipping Address: _____

Web Address (URL): _____ Email Address: _____

Type of Business: _____

Type of Entity: Proprietorship _____ Corporation _____ Partnership _____ Non-Profit _____

If Incorporated, Date _____ State _____ Authorized Capital _____

Federal ID Number _____ State ID Number _____

Is Merchandise for Resale?: yes ___ no ___ If yes, please attach Vendor License and Tax Exemption Certificate.

Does State, County, or City require a Vendor License? If yes, Vendor License

Requested Credit Line \$ _____

Accounts Payable Contact _____ Telephone _____

President _____ Date Established _____

Company Bank References

Name _____ Acct No. _____

Address _____ Telephone _____

Name _____ Acct No. _____

Address _____ Telephone _____

Trade References

Can leave blank if attaching trade reference sheet

Company _____

Telephone _____ Contact _____

Address _____

Company _____

Telephone _____ Contact _____

Address _____

