



A CARRIFF ENGINEERED FABRICS COMPANY

APPLICATION FOR CREDIT

Company Name:
Business Address:
Billing Address: (if different than above)
Ship To Address: (if different than above)
EIN #:
Sales Tax Status: Exempt: Non Exempt:
Telephone: Fax:

Principals (Key Personnel)
Name: Position: Owner/President/General Mgr.
Name: Position: Purchasing Agent/Buyer
Name: Position: Accounts Payable

Banking Information
Name of Bank:
Address:
Contact Name:
Telephone: Fax:

(CONTINUED ON REVERSE)

**Credit/Trade References**

1) Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ telephone \_\_\_\_\_ fax \_\_\_\_\_ email

Number of Years of Association with this Company: \_\_\_\_\_

2) Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ telephone \_\_\_\_\_ fax \_\_\_\_\_ email

Number of Years of Association with this Company: \_\_\_\_\_

3) Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ telephone \_\_\_\_\_ fax \_\_\_\_\_ email

Number of Years of Association with this Company: \_\_\_\_\_

**Credit Limit Requested:**    \$ \_\_\_\_\_

*If your company finds it more convenient to pay using direct deposit, please contact Carriff's Credit Manager for Carriff's banking information.*

Completed By: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Email Completed Form To: [LMason@Carriff.com](mailto:LMason@Carriff.com)

or

Fax Completed Form To:    Attn: CREDIT MANAGER    FAX: 704-888-1246  
 Carriff Corporation Inc.  
 3500 Fieldstone Trace  
 Midland, NC 28107    USA  
 TEL: 704-888-3330