

**WORTHINGTON DIRECT  
APPLICATION FOR CREDIT**

**Please complete the information below and return via fax to: Renie Hogan @ 800.943.6687**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Federal ID # \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ # Years in Business \_\_\_\_\_

**Bank Reference**

Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_ E-mail Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Trade Reference**

Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_ E-mail Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Trade Reference**

Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_ E-mail Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**I understand that the above statement made by me will be used as a basis for determining our credit standing and certify that they are correct. I authorize Worthington Direct to investigate the references pertaining to our credit and financial responsibility. I agree to pay our account in accordance with the terms stated on the invoice. In the event that this account is submitted for collection, I agree to pay all reasonable collection costs and attorney fees.**

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Salesperson \_\_\_\_\_ Quote on File \_\_\_\_\_ / \_\_\_\_\_  
Yes No