

BAFSCO

B. A. FISCHER SALES CO., INC.

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CREDIT APPLICATION

Date: _____

Company Name: _____

Billing Address: _____

City, State, Zip: _____

Shipping Address: _____

Contact Name: _____ Telephone: _____

E-mail: _____ FAX: _____

Primary nature of business: _____

Products sold: _____

Doing Business Since: _____ Incorporated: _____

Owner/Officer's Name: _____ Title: _____

E-mail: _____ Home phone: _____

Home Address: _____

City, State, Zip: _____

Name of Bank: _____

Address: _____

City, State, Zip: _____

Contact: _____ Telephone: _____

CREDIT REFERENCES

1. Company Name: _____

Address: _____

City, State, Zip: _____

Contact: _____ Telephone: _____

E-mail: _____ FAX: _____

2. Company Name: _____

Address: _____

City, State, Zip: _____

Contact: _____ Telephone: _____

E-mail: _____ FAX: _____

3. Company Name: _____

Address: _____

City, State, Zip: _____

Contact: _____ Telephone: _____

E-mail: _____ FAX: _____

Authorized Signature and Title _____

Please return by fax to: 208-375-8022 or e-mail to: bafscos@mindspring.com