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### CREDIT APPLICATION

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

A/P CONTACT \_\_\_\_\_

#### REFERENCES

1 VENDOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

2 VENDOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

3 VENDOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

#### BANK INFORMATION

BANK NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

Please provide a copy of your Sales Tax Exemption Certificate if you are tax exempt.

#### FOR OFFICE USE ONLY

DATE REC'D \_\_\_\_\_  APPROVED DATE APPROVED \_\_\_\_\_ MGR \_\_\_\_\_

DATE FAXED \_\_\_\_\_  DENIED  INSUFFICIENT REFERENCES  INSUFFICIENT CREDIT