

CREDIT APPLICATION



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Sales Executive: [Click here to enter text.](#)

| | | | |
|---|------------|-------------------------|-----------|
| COMPANY NAME _____ | | | |
| BILLING ADDRESS _____ | CITY _____ | STATE _____ | ZIP _____ |
| Email address to send invoices (if preferred) _____ | | | |
| SHIPPING ADDRESS _____ | CITY _____ | STATE _____ | ZIP _____ |
| PHONE _____ | FAX _____ | YEARS IN BUSINESS _____ | |

Corporation Partnership Individual Other

PRINCIPALS/OWNERS NAMES AND TITLES _____

ACCOUNTS PAYABLE CONTACT NAME _____

A/P PHONE NUMBER _____ A/P EMAIL ADDRESS _____

D&B SUBSCRIBER NUMBER PUBLIC TRADE SYMBOL WEBSITE ADDRESS

BANK REFERENCE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ OFFICER _____

CREDIT REFERENCES: To insure timely processing of your application, please provide all required information (including a fax and/or email) for at least five references.

| | |
|------------------------|------------------------|
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| City, State, ZIP _____ | City, State, ZIP _____ |
| Phone _____ | Phone _____ |
| Fax _____ | Fax _____ |
| email _____ | email _____ |

| | |
|------------------------|------------------------|
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| City, State, ZIP _____ | City, State, ZIP _____ |
| Phone _____ | Phone _____ |
| Fax _____ | Fax _____ |
| email _____ | email _____ |

| | |
|------------------------|------------------------|
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| City, State, ZIP _____ | City, State, ZIP _____ |
| Phone _____ | Phone _____ |
| Fax _____ | Fax _____ |
| email _____ | email _____ |

SIGNATURE OF AUTHORIZED REPRESENTATIVE _____

TITLE _____

DATE _____