CREDIT APPLICATION

10015 East 51st Street · Tulsa, OK · 74146 918.622.9010 or 800.722.4343 · Fax 918.622.9059 www.cisco-eagle.com



	C-E Sales Executive:				
COMPANY LEGAL NAME					
BILL TO NAME					
BILLING ADDRESS			CITY	STATE ZI	<u></u> Р
Email address to send invoi	ces				
SHIPPING ADDRESS			CITY	STATEZ	ZIP
		YEARS IN BUSINESS			
-	-	□Individual			
PRINCIPALS/OWNERS NAM	ES AND TITLES				
A/P CONTACT NAME		PHONE		EMAIL	
D&B SUBSCRIBER NUMBER	PUBLIC TRADE SY	MBOL WEBSITE A	DDRESS		
Bank Name		City	,	State	
		OFFICER			
		OTTOLK_			
CREDIT REFERENCES: To is	nsure timely processi	ng of your application	n, you must prov	ride all required	
information (including a fa	ax and/or email) for a	at least five (5) referen	ices.		
Name		Name			
Address					
City, State, ZIP					
Phone					
Fax					
email					
Name		Name			
Address					
City, State, ZIP					
Phone					
Fax					
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NT.		N			
Address					
City, State, ZIP		•			
Phone					
Fax		_			
email					
***IF PURCHASES FROM	M CISCO-EAGLE WILL BE N	ON-TAXABLE, ALSO FURNI	SH A COPY OF YOUR	TAX CERTIFICATE. **	<u>*</u>
INCOMPLETE OR ILLEGIBLE FORMS MAY	EXPERIENCE DELAYS IN PROCES	SING AND/OR BE RETURNED FOR	R COMPLETION ONCE YO	OUR ACCOUNT HAS BEEN S	FT LIP. ANY
CHANGES TO YOUR INFORMATION SHOU					

SIGNATURE OF AUTHORIZED REPRESENTATIVE ______ DATE _____