



6069 Oakbrook Pkwy, Norcross, GA 30093

Credit Application

Name of Company _____

Billing Address _____

Billing Address _____

City/State/Zip _____

Phone _____ FAX _____

Corporation _____ Partnership _____ Proprietorship _____

TAX ID _____ Number of Years in Business _____

Company Officers _____

Bank Name _____ Contact Name _____

Bank Address _____ Phone _____

Bank Account Number _____

Trade References (Include Name, Address, Phone Number)

1. _____

2. _____

3. _____

Signature _____

Authorized Agent

Title

Date

Phone: 770-840-7060 • 800-247-2819 • Fax 770-840-7069

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