



CREDIT APPLICATION FOR BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company Name:	Year Established:	FEIN:
Primary Contact:	Title:	
Mailing Address:		
Phone:	Fax:	Email:
Billing Contact:	Title:	
Billing Address:		
Phone:	Fax:	Email:
Organization Structure:	Sole Proprietorship	Partnership Corporation Other:

BUSINESS & CREDIT INFORMATION

Physical Address:		
City:	State:	ZIP Code:
How Long At Current Address?	Are You Exempt From Sales Tax?	If Yes:
Telephone:	Fax:	Email:
Bank Name:		
Bank Address:	Phone:	
City:	State:	ZIP Code:
Type Of Account	Account Number	

BUSINESS/TRADE REFERENCES

Reference #1

Company Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Email:
Type of account:		

Reference #2

Company Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Email:
Type of account:		

Reference #3

Company Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Email:
Type of account:		



DOCUMENTS

Along with this form completed in its entirety, please email any additional/supporting documents to:
Support@ZebraInstruments.com

SUBJECT: (COMPANY NAME) – BUSINESS CREDIT APPLICATION

Additional documents may include but are not limited to: Tax Exempt Form, Credit Profiles, etc.

AGREEMENT

The undersigned individuals authorize inquiry into credit information. We further acknowledge that credit privileges, if granted, may be withdrawn at any time.

Signature

Title

Date

Signature

Title

Date