



Credit Application W. R. Long Inc.

Company Name: _____

Shipping Address: _____

Please include Town, State, Zip

Mailing Address : _____

Please include Town, State, Zip

Telephone #: _____ **Fax #:** _____

Web Address: www. _____

Accounts Payable Manager: _____

Email Address: _____

Credit References: (Name, Address, and Telephone Number of Each:)

Who do you Bank with: _____

Signature & Title: _____

Sales Manager Name: _____

E-mail Address: _____

Others in Sales: _____

E-mail Address: _____

Copy of Signed Tax Exempt Certificate is Required:

Please provide your latitude and longitude coordinates if know:
