



W. R. Long Inc Credit Application
Please circle who you spoke with
Don, Jorge, Shanna, or Nelson

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: _____

Would you prefer to received your invoices by e-mail or regular mail (Please circle)

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

Who do you Bank with: _____

Sales Manager Name: _____

E-mail Address: _____

Others in Sales: _____

E-mail Address: _____

Signature & Title of Person Filling
Out This Credit Application: _____

Copy of Signed Tax Exempt Certificate is Required: