



CREDIT APPLICATION REQUEST

Date:

Requested By:

Project Information:

Project Name: _____ Project Number: _____

Location:

Vendor/Supplier Information:

Vendor/Supplier Name: _____

Address:

Phone: _____ Fax: _____

Contact Person: _____ Title: _____

Return Via: Fax Mail

Original Required: Yes No

Description of Materials/Supplies to be Purchased:

APPROXIMATE CREDIT LIMIT REQUIRED:

Comments:

For Office Use Only:

Date Forwarded to Vendor/Supplier For Processing: _____

Date Credit Application Approved By Vendor/Supplier: _____

Account Number:

Project Manager Notified:

Email to CreditRequest@awdc.net or
fax to the attention of the Accounting Department at 561.684.2227.