



Credit Application

Legal Name: _____ DBA Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Delivery Address: _____

City: _____ State: _____ Zip: _____

D&B Number: _____ Federal Tax ID: _____

Tax Status: Taxable Exempt Please provide certificate(s)

A/P Contact: _____ A/P e-mail: _____

A/P Phone: _____ Invoice e-mail: _____

Purchasing Contact: _____ Purchasing e-mail: _____

Purchase Orders Required: Yes No

Signed: _____ Print: _____

Title: _____ Date: _____

Please email to accountadmin@cmecorp.com or fax 888-685-5455 along with exempt or resale certificates.

For CME Use:

Genesis Code: Internal External

Account Manager: _____