

**CREDIT APPLICATION**  
**SOUTHERN IONICS INCORPORATED**  
**P.O. DRAWER 1217 / 201 COMMERCE STREET**  
**WEST POINT, MS 39773**  
**PHONE (800)953-3585 / FAX (800)953-3588**

CUSTOMER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NO. \_\_\_\_\_

FAX NO. \_\_\_\_\_

**REQUEST FOR CREDIT REFERENCES**

**BANK(S)**

1) Bank Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

2) Bank Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

**TRADE REFERENCES**

1) Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

3) Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

2) Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

4) Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_