



CREDIT APPLICATION

Legal Name _____ DBA _____

Corporation _____ Sole Proprietor _____ Partnership _____ Other _____

Address _____

Ph # () _____ Street _____ City _____ State (Provi.) _____ Postal Code _____ Unit # _____
 Fax # () _____ E-mail _____ Web Site _____

Principal Owner/ Officer: _____ Employer Federal ID No. _____ Tax Exempt. No. _____

Authorized Purchaser: _____ Accounts payable Contact: _____ Years In business _____

Parent Company Name (if applicable) _____

Address _____

Ph # () _____ Street _____ City _____ State (Provi.) _____ Postal Code _____ Unit # _____
 Fax # () _____ Accounts payable Contact: _____

Information on Co-owners if Sales Less than \$1million

Name _____ Title _____

Residence _____

Name _____ Title _____

Residence _____

Bank Information

Bank Name _____

Address _____

Contact _____

Ph# _____ Fax# _____

Trade References

Company Name _____

Address _____

City: _____ State: _____ Zip: _____

Contact _____ Title _____

Ph# _____ Fax# _____

Credit Type

Monthly Credit Required (USD) \$ _____

Net Terms _____ COD Company Check _____

Wire Transfer _____ Factoring _____

Credit Card # _____ (Fee may apply)

Visa ___ Master Card ___ AMEX ___ Exp Date _____

For Internal Use Only

Credit score _____

Agency _____

Notes _____

Company Name _____

Address _____

City: _____ State: _____ Zip: _____

Contact _____ Title _____

Ph# _____ Fax# _____

Company Name _____

Address _____

City: _____ State: _____ Zip: _____

Contact _____ Title _____

Ph# _____ Fax# _____

Approved By _____

Approval No. _____ Date _____

Account No. _____

Credit Line _____

Sales Rep No. _____

I hereby apply for a credit account. I warrant the information shown here is true and the information given is for the purposes of obtaining goods or services on credit. Credit terms are net 15 days* from Invoice date(s) and agree to pay interest charges of 2% per month (24% per annum) on past due balance. Applicant further agrees to pay all collection fees, court costs, and attorney's fee of any balance due pursued collection through an attorney.

I hereby authorize the person or firm to whom this application is made, credit bureau, other investigative agency employed by such person, to investigate the references herein listed or statements, or other data obtained from me, or any other person pertaining to my credit or financial responsibilities. I agree in my capacity of an officer to make myself liable and personally responsible for all and any indebtedness of the firm. The debt may be on open account, by C.O.D. or any other method of credit extension.

Note: Claims arising from invoices must be made within seven working days. (*subject to approval)

Signature _____ Title _____ Date _____