



**APPLICATION FOR CREDIT**

COMPANY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

KIND OF BUSINESS: \_\_\_\_\_

TAXABLE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, PLEASE PROVIDE RESALE CERTIFICATE: \_\_\_\_\_

YEAR ESTABLISHED: \_\_\_\_\_ AT PRESENT LOCATION SINCE: \_\_\_\_\_

IS BUSINESS INCORPORATED? \_\_\_\_\_ IF SO IN WHAT STATE? \_\_\_\_\_

LIST OF CORPORATE OFFICERS

PRESIDENT: \_\_\_\_\_ VICE PRESIDENT: \_\_\_\_\_

REFERENCES: MAJOR SUPPLIERS (only names you buy from on open account)

- NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PERSON TO CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_
- NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PERSON TO CONTACT: \_\_\_\_\_ POSITION: \_\_\_\_\_
- NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PERSON TO CONTACT: \_\_\_\_\_ POSITION: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_ CHECKING ACCT. NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

TITLE AND SIGNATURE

OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

DATE: \_\_\_\_\_

YOU UNDERSTAND THAT ANY CREDIT ISSUES WILL BE BASED UPON THE FACTS STATED IN THIS APPLICATION AND FURTHER UNDERSTAND THAT:

1. THE TERMS OF SALE ARE NET 30
2. A SERVICE CHARGE MAY BE ASSESSED ON ANY AMOUNT PAST DUE AT THE RATE OF 1 ½% PER MONTH
3. IF IT IS NECESSARY TO EMPLOY AN ATTORNEY OR COLLECTION AGENCY TO ENFORCE COLLECTION OF ANY AMOUNTS DUE AND PAYABLE, YOU, THE CUSTOMER, WILL BE LIABLE FOR COLLECTION COSTS, ATTORNEY'S FEE AND COURT COSTS.

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THIS APPLICATION FOR CREDIT AND HAVE RETAINED A COPY FOR YOUR FILES.

DATED: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
TITLE: \_\_\_\_\_