



CREDIT APPLICATION

Cust. Acct. NO. _____

Date _____

INSTRUCTIONS: Please type or print, supplying all information requested. Signature of owner, partner, or corporate officer is required. If corporate officer, supply title.

Company/Trade Name

Legal Name if Different

Billing Address

Shipping Address if Different

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Phone Number

FAX Number

Type of Business

Form of Business:

Sole Proprietorship

____ Partnership

____ Corporation

Year Business Established

IF SOLE PROPRIETORSHIP OR PARTNERSHIP:

Owner's Name

Residence Address

Partner's Name

Residence Address

Partner's Name

Residence Address

Partner's Name

Residence Address

IF CORPORATION:

State in which incorporated

Year incorporated

President

Vice President

Secretary

Treasurer

CREDIT REFERENCES/BANK

Bank Name

Branch Name

Address

Account Number

Do you have a borrowing relationship? YES NO

Telephone Number: _____

Account Officer: _____

CREDIT REFERENCES/TRADE

Name of Firm

Number and Street

City

State/Zip

Phone Number

NOTE: We may require a Financial Statement and/or a personal guarantee if the above information is insufficient or incomplete or your business is less than two years old.

The undersigned agrees to pay all invoices on the following terms and conditions of sale:

1. Net (Full amount of invoice) due within 30 days.
2. Accounts unpaid within agreed upon terms, are past due and will be subject to a late payment charge of 1 ½% (annual rate of 18%). The undersigned further agrees to pay all reasonable attorney's fees and court costs incurred by Collecting Company for collecting any past due amount(s) herein.

Company: _____

Date: _____

By: _____

Title _____