

CREDIT APPLICATION

Date _____

BUSINESS NAME AND ADDRESS		BILL TO ADDRESS (if different)	
Phone () Fax ()		Phone () Fax ()	
TYPE OF BUSINESS		NAMES OF OWNERS OR OFFICERS	
<input type="checkbox"/> CORPORATION IN STATE OF _____ <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL OWNERSHIP <input type="checkbox"/> SUBSIDIARY	President/Owner		
	Vice President/Co-Owner		
	Buyer/Contact		
	Accounts Payable Contact		
Resale Tax or Permit Number		Nature of Business	
No. of Yrs in Business Under This Name		No. of Yrs at This Location	
		Total No. of Employees	
		Credit Line Requested	
		\$	
BANK INFORMATION			
Bank Name			
Address			Zip
Contact		Phone ()	
Savings Account No.		Checking Account No.	
CREDIT REFERENCES			
Name	Acct #	Phone & Fax ()	
Address		Zip	Contact
Name	Acct #	Phone & Fax ()	
Address		Zip	Contact
Name	Acct #	Phone & Fax ()	
Address		Zip	Contact
Name	Acct #	Phone & Fax ()	
Address		Zip	Contact

CONDITIONS OF SALE AND TERMS OF PAYMENT

In consideration for any extension of credit, purchaser agrees to the terms and to the conditions of sale set forth on each invoice. Purchaser also agrees to pay a service charge of one and one half (1-1/2) percent per month computed on the unpaid delinquent balance until the account is paid in full. The purchaser also agrees to pay reasonable attorney fees and other costs incurred for collection. I hereby certify that the above information is true and correct to the best of my knowledge.

Authorized Signature _____

Date _____

Title _____