



CREDIT APPLICATION

NAME OF COMPANY: _____ PHONE: _____

ADDRESS: _____ FAX: _____

CITY/STATE: _____ ZIP: _____

DATE BUSINESS BEGAN: _____ FEDERAL TAX ID #: _____

CORPORATION PARTNERSHIP LLC SOLE PROPRIETORSHIP OTHER: _____

EMAIL: _____

ACCOUNTS PAYABLE EMAIL: _____

OFFICERS/PARTNERS/OWNERS	ADDRESS	PHONE	SS #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

NAME OF GENERAL MANAGER OR OFFICE MANAGER: _____

BANK NAME: _____ BANK PHONE: _____

BANK ADDRESS: _____

ACCOUNT #: _____ BANK CONTACT: _____

TRADE/CREDIT REFERENCES

COMPANY NAME	ADDRESS	PHONE #	EMAIL ADDRESS
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

SALES TAX EXEMPT: YES NO P.O. REQUIRED? YES NO

VALID FORM(S) REQUIRED IF EXEMPT

- PAYMENT TERMS ARE NET 30 UNLESS OTHERWISE SPECIFIED
- ACCOUNTS ARE CONSIDERED PAST DUE IF NOT PAID IN FULL BY THE 25TH OF THE MONTH FOLLOWING PURCHASE
- A SERVICE CHARGE OF UP TO 2% PER MONTH (24% ANNUALLY) WILL BE APPLIED TO ANY BALANCE OVER 30 DAYS
- IN THE EVENT OF SUIT TO COLLECT, REASONABLE ATTORNEY'S FEES IN ADDITION TO OTHER COSTS WILL BE ASSESSED

THE UNDERSIGNED AGREES TO THE ABOVE TERMS:

PRINT NAME TITLE DATE

AUTHORIZED SIGNATURE