

# CREDIT APPLICATION

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Shipping / Receiving Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type of Business: \_\_\_\_\_ In Business Since: \_\_\_\_\_

Form of Business:  Corporation  LLC  Partnership  Sole Proprietor  Non-Profit

Name of individual with authorization: \_\_\_\_\_

To whose attention should invoices be sent? \_\_\_\_\_

If you wish to pay by credit card, please provide information below:

VISA Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec Code \_\_\_\_\_

MasterCard Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec Code \_\_\_\_\_

American Express Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec Code \_\_\_\_\_

Bank References (please list name and address of local banks):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trade References (Please list name, address, phone number, and account number of three references. Do not list credit cards.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transport bills are due upon receipt. Accounts not paid within 30 days will be charged 1.5% interest rate per month and future orders will be on a C.O.D. basis until the account is current. Should collection or legal action be required to collect past dues, fees for such action will be added to your account.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_