



APPLICATION FOR CREDIT

Exact Firm Name: _____
 DBA Name: _____
 Billing Address: _____
 City, State & Zip Code: _____
 Business Phone: _____ Business Fax: _____
 Owner(s) Name: _____
 Email Address: _____
 Accts Payable Contact: _____ Email Address: _____

BUSINESS INFORMATION

Sole Proprietor Partnership Corporation Other
 Fed. Tax ID # _____ Tax Exempt Cert #: _____ D & B #: _____

BANK INFORMATION

Name of Bank: _____ Contact Person: _____
 Address: _____
 City, State & Zip Code: _____
 Business Phone: _____ Business Fax: _____
 Account # _____

TRADE REFERENCES

Name of Firm: _____ Account #: _____
 Address: _____
 City, State & Zip Code _____
 Phone: _____ Fax: _____ Contact Person: _____

Name of Firm: _____ Account #: _____
 Address: _____
 City, State & Zip Code _____
 Phone: _____ Fax: _____ Contact Person: _____

Name of Firm: _____ Account #: _____
 Address: _____
 City, State & Zip Code _____
 Phone: _____ Fax: _____ Contact Person: _____

Name of Firm: _____ Account #: _____
 Address: _____
 City, State & Zip Code _____
 Phone: _____ Fax: _____ Contact Person: _____

The undersigned understands and agrees that any credit granted shall be paid promptly in accordance with the agreement of the parties (credit terms net 30 days). The credit grantor may add two percent (2%) per month to any balance owed, and in the event of default, the debtor will be required to pay grantor reasonable collection charges and/or attorney fees. I/we hereby authorize the creditors provided to release information pertaining to my/our credit and financial responsibility.

Firm Name: _____
 Officer: _____ Title: _____ Signature: _____
 Officer: _____ Title: _____ Signature: _____