

## CREDIT APPLICATION

### CUSTOMER

Legal Name & Trade Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Federal ID#: \_\_\_\_\_ **\* if not included account will be taxed**  
Email: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
Number of years in Business: \_\_\_\_\_  
Account Payable Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Credit Card Name: \_\_\_\_\_  
Credit Card N: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_\_

### PARENT COMPANY

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_

### BANK REFERENCES

Name of Bank/Branch: \_\_\_\_\_ Checking Acc. No: \_\_\_\_\_  
Name of Bank/Branch: \_\_\_\_\_ Checking Acc. No: \_\_\_\_\_

### TRADE REFERENCES

Company Name: \_\_\_\_\_ Acc.No: \_\_\_\_\_ Telephone N: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Acc.No: \_\_\_\_\_ Telephone N: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Acc.No: \_\_\_\_\_ Telephone N: \_\_\_\_\_ Contact Person: \_\_\_\_\_

### PERSONAL INFORMATION ON OWNERS, OFFICERS, PARTNERS

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Title: \_\_\_\_\_ Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone N: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Title: \_\_\_\_\_ Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone N: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant hereby authorizes release of any credit information from any source including applicant's bank for the purpose of extending credit.

All Charges are payable net 30days from the date of invoice. A service charge of 2% of the amount due will be added to the past balance after 30 days. A \$30.00 Charge also applies to any returned check. In the event it becomes necessary to refer this account to an attorney for collection. The customer agrees to pay attorneys' fees equal to 25% on the unpaid balance as attorney fees and to pay all court cost in the event of court action. My signature below attests financial responsibility and willingness to pay our invoice (s) in accordance with charge account items.

I have read, understand and agree to these credit terms.

Credit Applications: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature  
Credit Applications: \_\_\_\_\_  
Printed name, address, & Phone Number