

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