



CREDIT APPLICATION

The information provided on this application shall be used for purposes of establishing credit terms. In making this application, I/we understand that credit terms is a privilege of business and that all accounts unless otherwise arranged are payable within any terms established or shall be considered delinquent.

Legal Business (Company) Name _____ Federal Tax ID _____

Billing Address _____ City _____ State _____ Zip Code _____

Ship to Address (if differs from above) City _____ State _____ Zip Code _____

Accounts Payable Contact _____ Phone _____ Fax _____ Email _____

Purchasing Contact _____ Phone _____ Fax _____ Email _____

Type of Business LLC _____ Proprietor _____ Partnership _____ Corporation _____

Date of Corporation _____ State of Corporation _____ Years in Business _____

Officers/Owners Name, Title _____

Name, Title _____

Trade References

1.) Company Name: _____ Contact _____

Phone# _____ Adress: _____ City: _____ State: _____

2 Company Name: _____ Contact _____

Phone# _____ Adress: _____ City: _____ State: _____

3.) Company Name: _____ Contact _____

Phone# _____ Adress: _____ City: _____ State : _____

Business BankName _____ Address _____ Fax# _____

Account Number _____ Officer to Contact _____

Credit Limit Requestd _____

The person signing on behalf of the Company represents that he/she has full authority to enter into this agreement on behalf of the Company and that the information set forth in this Application is true and correct. If credit is Granted I/we agree to the above terms and the undersigned is/are responsible for payment of the account. I/we do further agree, that if the account must be placed for collection fees, attorney, fees, and Court costs, associated with said collection. In consideration of extending credit to the above firm at any our request. I/we hereby do personally guarantee the payment of all of their obligation to you until withdrawn by me/us by certified mail.

Name (print) _____ Title _____

Signed _____ Date _____