



CREDIT APPLICATION

ACCOUNT #

CONTACT PERSON
TELEPHONE AND EXT #
FAX

RESALE NUMBER
FEDERAL ID NUMBER

CITY STATE ZIP

EMAIL ADDRESS FOR ACCOUNTS PAYABLE

BUYER: NAME AND EMAIL ADDRESS

FORM OF ORGANIZATION: CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

NATURE OF BUSINESS: _____ YEARS IN BUSINESS: _____ AT PRESENT ADDRESS: _____

SHIP TO ADDRESS

CITY STATE ZIP

CREDIT REFERENCES: 4 REFERENCES REQUIRED FOR PROCESSING

COMPANY NAME	CITY, STATE, ZIP	EMAIL ADDRESS	PHONE #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

BANK REFERENCE

1. _____

NOTICE: THE FOLLOWING IS PROVIDED FOR YOUR INFORMATION. PLEASE SIGN ONLY AFTER READING CREDIT AGREEMENT.

I AGREE:

1. TO PAY EACH INVOICE WITHIN (30) DAYS, UNLESS OTHERWISE SPECIFIED UNDER TERMS OF SALE.
2. TO PAY 2% PER MONTH SERVICE CHARGE ON ACCOUNT BALANCES OVER (30) DAYS.
3. TO PAY ANY AND ALL COLLECTION COSTS/FEE'S IN THE EVENT COLLECTION EFFORTS BECOME NECESSARY.

MY SIGNATURE CONFIRMS THAT THE INFORMATION CONTAINED HERE IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

 AUTHORIZED SIGNATURE PRINT NAME/TITLE DATE