



CUSTOMER CREDIT APPLICATION

Applicant Company Information

Legal Business Name _____

Company BILL TO Address: _____

Company SHIP TO Address: _____

Phone: (____) ____ - ____ Fax: (____) ____ - ____ Email _____

In business since (year) _____

Tax ID#: _____ Resale ID #: _____

Owners, Principals, and Officers of Your Company

Owner (s) Name: _____ Phone(____) ____ - ____

Address _____

Officer Name _____ Title _____

Phone(____) ____ - ____ Ext _____

Officer Name _____ Title _____

Phone(____) ____ - ____ Ext _____

Credit References (Companies you are currently have credit terms with)

Company Name _____ Phone(____) ____ - ____

Contact Person _____

Company Name _____ Phone(____) ____ - ____

Contact Person _____

Company Name _____ Phone(____) ____ - ____

Contact Person _____

Bank References

Bank Name _____ Account# _____

Address _____ Phone (____) ____ - ____

Banker's Name _____ Account Type: (Circle One) Savings /Checking / Loan

CREDIT TERMS ARE 30 DAYS FROM THE DATE LISTED ON THE INVOICE.

Past-Due balances are subject to 1.5% per month (18% per annum) interest, or as permitted by local law. The undersigned authorizes and releases all banks persons and companies listed on this application to furnish information and verify information for credit worthiness. The undersigned agrees to pay all costs of collection, including collection fees and reasonable attorney fees.

Name (printed): _____

Authorized Signature: _____ Date: ____ / ____ / ____