

## APPLICATION FOR CREDIT

Corporation Name (Print exact legal name): \_\_\_\_\_

Name of parent company if subsidiary: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal ID# \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Licensed to conduct business in your state ( ) Yes - Since \_\_\_\_\_ ( ) No

Type of Business Conducted: \_\_\_\_\_ Amount of Credit Requested: \$ \_\_\_\_\_

Own/Rent/Lease: \_\_\_\_\_ Years: \_\_\_\_\_ Lease Expiration Date: \_\_\_\_\_

Landlord/Mortgage (name-address-phone #) \_\_\_\_\_

Type of Business:	Corporation ( )	Partnership ( )	Proprietorship ( )	<u>OFFICERS OR OWNER BELOW</u>	
<u>NAME</u>		<u>TITLE</u>	<u>RESIDENCE</u>	<u>OWN/RENT</u>	<u>PHONE</u>

Accounts Payable Contacts: \_\_\_\_\_ Phone #: \_\_\_\_\_

Purchasing Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Sales Tax Resale Cert. No: \_\_\_\_\_ (Please Provide Copy) State: \_\_\_\_\_

Exemption Certification No: \_\_\_\_\_ (Please Provide Copy) State: \_\_\_\_\_

**BANK REFERENCE:**

Checking Account with: \_\_\_\_\_ Account No: \_\_\_\_\_

Address: \_\_\_\_\_ Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Savings Account with: \_\_\_\_\_ Account No: \_\_\_\_\_

Address: \_\_\_\_\_ Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Loans with: \_\_\_\_\_ Account No: \_\_\_\_\_

Address: \_\_\_\_\_ Contact \_\_\_\_\_ Phone: \_\_\_\_\_

**TRADE REFERENCES: (LIST (4) INCLUDE COMPANY, ADDRESS, CONTACT AND PHONE NUMBER)**

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CONTACT</u>	<u>PHONE</u>	<u>FAX</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**(WE) (I) AGREE TO THE FOLLOWING CONDITIONS:**

- (WE) (I) agree to pay all liabilities in full, according to terms stated on all invoices.
- (WE) (I) agree to notify you immediately of any change in ownership, address or ability to repay debt on time.
- (WE) (I) agree to pay all costs of collection, including reasonable attorney fees, interest & court cost if our account becomes delinquent.

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_