

CREDIT APPLICATION FORM*Please complete, and submit this form along with your financial statement*

BILLING ADDRESS:		OFFICE ADDRESS:	
COMPANY NAME		COMPANY NAME	
ATTENTION		ATTENTION	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
TELEPHONE		TELEPHONE	
E-MAIL		E-MAIL	
GENERAL INFORMATION			
FEDERAL TAX ID NO.	COMPANY COMPOSITION <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Sub-Chapter S Corp.	STATE INCORPORATED	
DUN & BRADSTREET (D&B) NO.	YEARS AT PRESENT LOCATION	ARE PREMISES LEASED <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT OF CREDIT DESIRED \$
PRINCIPAL / OWNER	TITLE	E-MAIL	TELEPHONE & EXTENSION
ORDER INFORMATION			
ARE WRITTEN PURCHASE ORDERS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	IS MERCHANDISE FOR RESALE <input type="checkbox"/> YES <input type="checkbox"/> NO	RESALE NO. (IF FOR RESALE, PLEASE PROVIDE COPY OF CERTIFICATE)	
PURCHASING AGENT	FAX	E-MAIL	TELEPHONE & EXTENSION
ACCOUNTS PAYABLE CONTACT	FAX	E-MAIL	TELEPHONE & EXTENSION
BANK INFORMATION			
BANK NAME	BANK CONTACT OFFICER		TELEPHONE & EXTENSION
BANK ADDRESS	CITY	STATE	ZIP CODE
			TYPE OF ACCOUNT
TRADE REFERENCES			
COMPANY NAME	ADDRESS	STATE	ZIP CODE
			TELEPHONE
COMPANY NAME	ADDRESS	STATE	ZIP CODE
			TELEPHONE
COMPANY NAME	ADDRESS	STATE	ZIP CODE
			TELEPHONE
COMPANY NAME	ADDRESS	STATE	ZIP CODE
			TELEPHONE
Trade reference may be listed on separate sheet and attached to this application if necessary.			
TERMS AND CONDITIONS			
All accounts are COD until a credit application has been completed, reviewed, and approved. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including reasonable attorneys fees. Any balance so remaining unpaid shall bear interest at the rate of 1.5% per month or the maximum rate permitted by applicable law, until paid in full. Standard open accounts are Net 30 days from receipt of invoice.			
ACCEPTANCE AND APPROVAL			
Completing this agreement with your name below indicates your acceptance of the terms and conditions as stated. In Addition, you authorize Us to make any and all inquiries necessary to process this Credit Application.			
NAME OF AUTHORIZED REPRESENTATIVE		TITLE	
AGREED AND ACCEPTED, SIGNED	TELEPHONE & EXTENSION	DATE	

SUBMIT CREDIT APPLICATION