



CREDIT APPLICATION

Date _____

Trade Name: _____ Phone _____

Legal Name: _____ Fax _____

Billing Address: _____ City _____ State _____ Zip _____

Shipping Address: _____ City _____ State _____ Zip _____

Website Address: _____ Email Address _____

Check One: Proprietorship Partnership Corporation

Please completely fill out the box below for **Proprietorships** and **Partnerships**.
For **Corporations**, please include all of the officers' names and titles.

NAME	TITLE	HOME ADDRESS	SOC. SEC.#	PHONE#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Federal ID# _____ Date Incorporated _____ Contact Person: _____

TRADE REFERENCES

Name: _____ Address _____ State _____ Zip _____

Phone: _____ Fax _____ Account# _____

Name: _____ Address _____ State _____ Zip _____

Phone: _____ Fax _____ Account# _____

Name: _____ Address _____ State _____ Zip _____

Phone: _____ Fax _____ Account# _____

BANK REFERENCE Name of Bank _____ Checking Savings

Bank Address: _____ Phone _____ Account# _____

Applicant agrees that the extension of credit shall be subject to and in consideration of the following terms and conditions:

- 1) Payment will be made of all amounts due as indicated on each invoice. Our terms are Net 30 Days.
- 2) Amounts not paid on time are subject to a 1% per month (or maximum allowable charge by law in the state in which the sale is made) late-payment charge to be assessed from the first day that the balance is past-due. However, no such charge shall be imposed when doing so would violate law.
- 3) Should it be necessary to refer the account balance to a licensed collection agency or attorney for legal action, applicant agrees to pay a 20% collection fee, reasonable attorney fees and court costs.
- 4) Application authorizes and grants the seller the right to investigate credit references and banking information listed.
- 5) I (We) have read the above agreement.

Signed: _____

Print: _____

Title: _____