



CREDIT APPLICATION

NAME OF ACCOUNT _____ TELEPHONE NO. _____
FIRM ADDRESS _____ CITY, ZIP _____
KIND OF BUSINESS _____
CORPORATION _____ PARTNERSHIP _____ SOLE OWNER _____
TRADE NAME _____ DATE ESTABLISHED _____
OTHER BUSINESS NAMES _____ RESALE NO. _____
BANK NAME, BRANCH, ADDRESS & PHONE NO. _____
CHECKING ACCOUNT NO. _____

TRADE CREDIT REFERENCES:

1.) NAME _____ PHONE: _____
ADDRESS _____
2.) NAME _____ PHONE: _____
ADDRESS _____
3.) NAME _____ PHONE: _____
ADDRESS _____

OTHER PERSONNEL AUTHORIZED TO CHARGE OR SIGN ON THIS ACCOUNT:

CREDIT POLICY: OUR BILLING CLOSSES THE LAST DAY OF THE MONTH ON ALL ACCOUNTS. THESE ACCOUNTS ARE DUE AND PAYABLE 30 DAYS FROM THE DATE OF THE INVOICE.

FOR THE PURPOSE OF PROCURING CREDIT FROM YOU, THE UNDERSIGNED OFFERS THE FOLLOWING AS A TRUE AND ACCURATE STATEMENT AND AGREES TO IMMEDIATELY NOTIFY YOU IN WRITING OF ANY MATERIAL CHANGES THEREIN AND FURTHER AGREES TO THE FOLLOWING: TITLE TO ANY MERCHANDISE DELIVERED IS RETAINED BY THE SELLER UNTIL PAID FOR IN FULL. ALL INVOICES NOT PAID WITHIN THIRTY DAYS ARE SUBJECT TO 1 ½ % PER MONTH. SERVICE CHARGES RETROACTIVE TO THE DATE OF DELIVERY. IF THE BUYER IS A CORPORATION, THE UNDERSIGNED OFFICERS HEREBY AGREE THAT THEY WILL BE PERSONALLY LIABLE FOR ANY INDEBTEDNESS OWED BY THE CORPORATION.
BUYER AND UNDERSIGNED AGREE TO PAY ALL COSTS INCURRED IN COLLECTING ANY AMOUNT DUE, INCLUDING ATTORNEYS FEES.

AUTHORIZED SIGNATURE

TITLE

DATE