

Credit Application

Company Name _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Fax _____ email _____

Type of Business _____

Do you own your own Building? _____ Yes _____ No If not, length of Lease is _____

Corporation _____ Date of Incorporation _____

Partnership _____ EIN Number _____

Anticipated Credit Requirements _____

Business Owners or Corporate Officers:

Name _____ Phone _____ email _____

Name _____ Phone _____ email _____

Name _____ Phone _____ email _____

Bank Name _____ Phone _____

Address _____ Account Number _____

Bank Contact _____

Credit References

Name	Address	Phone	Fax
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

We understand that your terms are 1%10, net 30 and agree to abide by the terms. We also understand and agree that all accounts over 30 days will be charged a service charge of 1 1/2% per month. We agree to pay standard and collection fees required to obtain payment if the account remains delinquent.

Person Responsible for paying Bills: _____

Date _____ Signature _____ Position _____

