



TM

APPLICATION FOR CREDIT

Date: _____

Company Name: _____

Business Address: _____

Phone: _____ Fax: _____

Type of Business: _____ A/P Contact: _____

Year Business Started: _____ Years at Present Location: _____

Type of Organization: Private Corporation Partnership Public Corporation Individual

Principals/Officers:

Name:	Position:	Home Address:	Phone:
_____	_____	_____	_____
_____	_____	_____	_____

Banking References

Bank: _____ Account #: _____

Address _____ Phone: _____

Trade References : (Minimum 3yrs business relationship, No credit card base references)

Company 1: _____ Phone: _____

Address _____ Fax: _____

Company 2: _____ Phone: _____

Address _____ Fax: _____

Company 3: _____ Phone: _____

Address _____ Fax: _____

Company 4: _____ Phone: _____

Address _____ Fax: _____

Credit Limit Requested: _____

In making this application for credit, the customer agrees to pay all invoices within 30 days from the date of invoice and to pay a service charge of 2% per month, which is an annual percentage rate of 24% on all overdue balances. In the event that a suit is necessary to collect any amount the customer agrees to pay the seller's reasonable attorney fees and cost including attorney's fees for appeal.

Signature: _____ Title: _____

(Print name) _____ Date: _____