



COMPANY INFORMATION

Company Name _____

Bill to Address _____

Ship to Address _____

Phone _____ Fax _____

How Long in Business _____ Circle One: Corporation Partnership Sole Proprietor LLC LLP

Desired Credit Amount \$ _____

OWNERS, PRINCIPALS, OFFICERS AND MEMBERS

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Accounts Payable Contact _____ Primary Purchasing Contact _____

TRADE REFERENCES

Name _____ Phone _____ Contact _____

Name _____ Phone _____ Contact _____

Name _____ Phone _____ Contact _____

BANK REFERENCE

Bank _____ Address _____

Contact Name _____ Phone _____ Account# _____

PLEASE READ BELOW, SIGN AND DATE.

Credit Terms are 30 days from the date of invoice. Outstanding balances are subject to 1.5% per month interest. The undersigned authorizes and releases all banks; persons and companies listed on this application to furnish information and authorize the checking of credit. The undersigned agrees to pay all collection costs, court costs and legal fees incurred due to the collection of delinquent balances.

Name _____ Title _____ Date _____

Name _____ Title _____ Date _____