

CREDIT APPLICATION

BILLING/SHIPPING INFORMATION

Official Company Name: _____
Bill to: _____ Ship to: (if different) _____

Main Phone: _____ Main Fax: _____ A/P Fax: _____

BUSINESS INFORMATION

Check One: () Corporation () Partnership () Proprietorship () Subsidiary of or () Division of _____

Years in Operation: _____ Type of Business: _____

Net Worth _____

D&B #: _____ Sales Per Year _____

President/CEO: _____ Treasurer/Controller: _____

VP/Finance: _____ A/P Manager: _____

BANK INFORMATION

Bank: _____ Contact Name: _____

Account No. _____ Phone: _____

Complete Address: _____

TRADE REFERENCES

Reference 1: _____ Contact: _____

Phone No.: _____ Fax No.: _____

Reference 2: _____ Contact: _____

Phone No.: _____ Fax No.: _____

Reference 3: _____ Contact: _____

Phone No.: _____ Fax No.: _____

Terms and Conditions

All accounts are COD until a credit application has been completed, reviewed and approved. If any indebtedness is incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including reasonable attorney's fees. Any balance so remaining unpaid shall bear interest at the lesser rate of 2% per month or the maximum rate applicable by law.

I/We hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns etc., as you deem necessary.

Prepared by (signature) _____ Title _____ Date _____

Please provide us with copies of all tax exemption certificates