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## Credit Application

### Company Information

Full Legal Name/Business Entity	Phone #	Fax #
Doing Business As (DBA)		
Billing Address	City	State Zip
Company Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Franchise <input type="checkbox"/> Corporation <input type="checkbox"/> Other:		
No. of Employees	Year Business Established	Annual Sales Type of Business
Federal Tax ID (If Incorporated)	State of Incorporation	
E-Mail Address(es):	Website:	

### Owner Information

Full Name (including middle initial)	Title	Social Security #
Home Address	City	State Zip Phone #

### Bank Reference

Bank Name	Account Number	Contact	Phone #
Address	City	State Zip	Fax #

### Trade Credit References

Company Name	Contact	Phone #
Address	City	State Zip Fax #

Company Name	Contact	Phone #
Address	City	State Zip Fax #

Company Name	Contact	Phone #
Address	City	State Zip Fax #

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with terms of net 30 days. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be at the sole discretion of Creditor.

Authorized Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE FILLED OUT COMPLETELY - DO NOT USE "SEE ATTACHED" IN ANY PARTS OF THIS FORM.**