

# Credit Application

Name of business: \_\_\_\_\_

Division of: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State (Prov.): \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**This business is owned by** (please mark the appropriate box):

☐ individual    ☐ partnership    ☐ corporation (corporations please complete the following)

Name of corporation: \_\_\_\_\_

Street address: \_\_\_\_\_

Mail address: \_\_\_\_\_

Shipping address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Incorporated under laws of which state: \_\_\_\_\_

## Banking and Credit Information

Name of your bank of record: \_\_\_\_\_

Account number: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Mail address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List three credit references below. *Information must be complete to be considered.*

1.) Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Account no.: \_\_\_\_\_

2.) Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Account no.: \_\_\_\_\_

3.) Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Account no.: \_\_\_\_\_

Are any of your payments delinquent? Yes ☐ No ☐

Have you ever been declared bankrupt? Yes ☐ No ☐

Have you ever had any court judgements awarded against you (including small claims)? Yes ☐ No ☐

*If you answered "yes" to any of the above three questions, please explain on a separate sheet of paper and attach to this application.*

\_\_\_\_\_ businesses only: will you be purchasing materials for resale? Yes ☐ No ☐

*If "yes" you must attach a resale information card to this application for our files.*

\_\_\_\_\_ resale number: \_\_\_\_\_

**Company Profile**

Company size: Yearly sales volume: \$\_\_\_\_\_ Number of employees: \_\_\_\_\_

Length of time in business: \_\_\_\_\_ Type of business: \_\_\_\_\_

---

---

---

---

---

---

**The Agreement**

I have completed the required applications supplying only information which is true and correct, and understand that if any information supplied is found to be incorrect or misleading, my privilege of credit with \_\_\_\_\_ will be forfeited. I therefore authorize \_\_\_\_\_ to verify this information and obtain additional information through data supplied by various credit reporting agencies. I agree to pay for all products and services I order plus \_\_\_\_% per month interest on invoices that remain unpaid after \_\_\_\_ days. Late payment, as determined by \_\_\_\_\_, may void credit privileges and/or stop shipment of product. I also agree to pay all reasonable attorney fees and costs which might be incurred in collecting my account balance.

**I make these statements under penalty of perjury in**

\_\_\_\_\_, \_\_\_\_\_  
(city) (state)

**All principals must sign and date:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_