



CREDIT APPLICATION

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Shipping Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type of Business: \_\_\_\_\_ In Business Since: \_\_\_\_\_

Form of Business:  Corporation  LLC  Partnership  Sole Proprietor

Is a Purchase Order required? \_\_\_\_\_

Name of individual with authorization: \_\_\_\_\_

If it is to be a blanket PO, please list the number and expiration date.

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

To whose attention should invoices be sent? \_\_\_\_\_

Is your work taxable? \_\_\_\_ If not, please attach signed certificate and list your tax exempt or resellers number: \_\_\_\_\_

If you wish to pay by credit card, please provide information below:

VISA Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

MasterCard Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

American Express Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Bank References (please list name and address of local banks):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trade References (Please list name, address, phone number, and account number of three references. Do not list credit cards.)

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Our terms are net 15 days. Accounts not paid in this time frame will be charged 1.5% interest rate per month and future orders will be on a C.O.D. basis until the account is current. Should collection or legal action be required to collect past dues, fees for such action will be added to your account.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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