

CREDIT APPLICATION

Company Name: _____

Address: _____

Phone: _____ Fax: _____

How Long in Business: _____ S.S.# or Tax ID #: _____

Contact Person: _____

Sole Proprietor's Home Address & Phone #: _____

Bank Name: _____

Bank Account #: _____

Bank's Phone & Contact Name: _____

Bank's Address: _____

List of Credit References: (Name, Full Address, & Phone #)

1. _____

2. _____

3. _____

TERMS:

All Invoices are due and payable 30 days from invoice date. Interest at 1.5% will accrue on accounts past due 30 days. Accounts past due 60 days will become C.O.D (payable due at time of service) until further notice. The undersigned agrees to pay all reasonable collection costs in the event of default. The applicant agrees to personally guarantee any obligation if signing as a Corporate Officer.

Signature: _____

Date: _____

INTER-OFFICE USE ONLY

Approved by: _____

Date: _____

Credit Limit: _____



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