

**CREDIT APPLICATION**

**A) GENERAL INFORMATION**

DATE: \_\_\_\_\_ FEIN: \_\_\_\_\_ SS# (If Ind.): \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ Email: \_\_\_\_\_

D & B#: \_\_\_\_\_ STATE OF INCORPORATION: \_\_\_\_\_

**B) FINANCIAL INFORMATION**

NAME OF PRIMARY BANK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ ACCT. TYPE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

**C) CREDIT REFERENCES (List 3 businesses which you normally do business with & are familiar with your credit history.)**

1. NAME: \_\_\_\_\_ TEL. #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ACCT. #: \_\_\_\_\_

2. NAME: \_\_\_\_\_ TEL. #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ACCT. #: \_\_\_\_\_

3. NAME: \_\_\_\_\_ TEL. #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ACCT. #: \_\_\_\_\_

ACCOUNTANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELE. #: \_\_\_\_\_

D) AUTHORITY TO PURCHASE

Name and title of person(s) authorized to request our services:

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

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

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

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E) ORGANIZATIONAL STRUCTURE (For all other than a Sole Proprietorship)

PRESIDENT/MANAGING MEMBER: \_\_\_\_\_

VICE PRESIDENT/MEMBER: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

TREASURER: \_\_\_\_\_

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F CREDIT TERMS

CREDIT LIMIT REQUESTED: \$ \_\_\_\_\_

ALL ACCOUNTS WILL BE BILLED TWICE MONTHLY. INVOICES ARE DUE NOT LATER THAN 15 CALENDAR DAYS AFTER THE DATE OF THE INVOICE FOR THE INITIAL 12-MONTH TRIAL. AFTER A SATISFACTORY INITIAL 12-MONTH TRIAL PERIOD, THE BILLING CYLCLE MAY BE EXTENDED TO ONCE MONTHLY AND THE PAYMENT TERMS EXTENDED TO 30 CALENDAR DAYS.

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F) CERTIFICATIONS:

I, the below signatory, hereby give my permission to examine the credit worthiness of the above named person/corporation/company by contacting any or all of the above references, credit bureaus and/or credit reporting agencies. Furthermore, the extent of this authority only extends to the verification of credit and is not to be disseminated to any other individual, company or party without my express written consent.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title