



APPLICATION FOR CREDIT

PLEASE PRINT

Company Name Phone No. () Fax No. ()
DBA Email Address Tax ID No.

Street Address City State Zip

TYPE OF OWNERSHIP: Sole Owner Partnership Corporation Other

BANK INFORMATION:

Bank Name Type of Account
Bank Address City State Zip Phone No.
Branch Account No. Fax No.

MAJOR SUPPLIERS/TRADE REFERENCES:

Name Phone No.
Address City State Zip Fax No.
Name Phone No.
Address City State Zip Fax No.
Name Phone No.
Address City State Zip Fax No.

Merchandise is sold to purchaser on the basis of approved credit. Purchaser agrees to pay for said merchandise on the basis of the net amount of each invoice in full, within the terms stated on the invoice. Finance charges will be applied to all overdue amounts and calculated at 1.5 % per month (18% per annum).

The undersigned hereby authorizes the above mentioned bank/companies to release information as requested.

Signature Title Date

