

## Application for Credit Page 1 of 2

Date:\_

Company Name:	Main Phone:
	State: Zip Code:
Fed. ID #:Y	ears in Business:
Sales Tax Exempt? Yes No Tax Exemption #:	(Please attach Sales Tax Exemption Documentation)
Primary Contact/Owner/General Manager	
Main Contact:	Direct Phone:
Email Address:	
Accounts Payable	
Main Contact:	Direct Phone:
Email Address:	
Send invoices Via: Mail Email Both	
Email for Invoices:	
Purchasing	
Main Contact:	Direct Phone:
Email Address:	
PO Required? Yes No	
Ship To Address	
Company/Location Name Same as Billing Address	
Main Contact:	Direct Phone:
Email Address:	
City:	State: Zip Code:

(For multiple ship to locations, please list on a separate sheet)



## **Application for Credit** Page 2 of 2

Company Name:					
Credit References					
#1 - Company Name:					
Main Contact:					
Email Address:					
Phone:	_Account #:				
#2 - Company Name:					
Main Contact:					
Email Address:					
Phone:					
#3 - Company Name:				·	
Main Contact:					
Email Address:					
Phone:					
Credit Card Authorization					
Name on Card:					
Card #:					Security Code:
Billing Address for Credit Card   Same as Billing Address					
City:		State:	Zip Cod	le:	
This credit card information will be kept confidential and the card will on	ly be charged if we	do not red	ceived payme	nt within	15 days past terms of the invoice
By signing this application, I, as guarantor, agree to pay all invoices accopast due invoices. I agree to remit all cost incurred due to collection acti	•		also agree to	pay a 2%	per month finance charge on all
I approve the release of this information. and verify that i	t is truthful and	accurat	te.		
Signature of Applicant:			Date:		