



# CREDIT APPLICATION FORM

## Business Information

Business Name: \_\_\_\_\_ Business Website: \_\_\_\_\_

Physical Address: \_\_\_\_\_

PO Box Address (if applicable): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Federal ID # or SSN#: \_\_\_\_\_ D&B#: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Est. Monthly Spend: \_\_\_\_\_

## Billing Information

Billing Contact Name: \_\_\_\_\_ Billing Email: \_\_\_\_\_

Billing Contact Telephone: \_\_\_\_\_ Billing Contact Fax: \_\_\_\_\_

Billing Contact Physical Address: \_\_\_\_\_

Address to send invoices for payment: \_\_\_\_\_

## Bank Information

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Credit References

Firm Name: \_\_\_\_\_ Address: \_\_\_\_\_

Firm Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Address: \_\_\_\_\_

Firm Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*The undersigned hereby agrees that, should a credit account be opened, and in the event of default of any amount due, and if such account is submitted to a collection's authority, to pay an additional charge equal to the cost of collection, including court cost.*

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_