



CREDIT APPLICATION

Full Legal Name/Business Entity		Credit Contact		Phone #	
Doing Business As (DBA)		Fax #		Mobile #	
Billing Address		Address2	City	State	Zip Code
Physical/Shipping Address Same As Billing		Address2	City	State	Zip Code
Organization Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> C- Corporation <input type="checkbox"/> LLC (Check One) <input type="checkbox"/> Franchise <input type="checkbox"/> Nonprofit <input type="checkbox"/> LLP <input type="checkbox"/> Other _____				State of Incorporation	Year Established
Federal Tax ID #		# of Employees	Annual Sales/Revenue	Email	
Purchase Order Required: <input type="checkbox"/> YES <input type="checkbox"/> NO		Tax Exemption: <input type="checkbox"/> YES <input type="checkbox"/> NO (Check one - if yes, Include Certificate of Exemption)		Dunn & Bradstreet #	

Company Information

Owner Information (Please include any additional owner(s) information on a separate sheet)

Owner Full Name	Title/Position	Home Phone	SSN	
Owner Home Address	Address2	City	State	Zip Code

Financial References (Please include any additional references on a separate sheet)

Financial Institution	Contact	Phone	Account #	
Address	Address2	City	State	Zip Code
Financial Institution	Contact	Phone	Account #	
Address	Address2	City	State	Zip Code

Trade References (Please include email or fax for contacts and any additional references on a separate sheet)

Company Name	Contact	Phone	Email Address:	
Address	City	State	Zip	Fax Number:
Company Name	Contact	Phone	Email Address:	
Address	City	State	Zip	Fax Number:
Company Name	Contact	Phone	Email Address:	
Address	City	State	Zip	Fax Number:

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay a monthly finance charge of 1.5% on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor. We understand our credit account will be placed on hold if we exceed our established credit limit and/or do not pay within the specified terms. I authorize you, the merchant, to initiate a debit entry to my checking account at my bank for the amount rendered on this check and an additional debit entry for \$30.00 or legal maximum, whichever is less, if the item is dishonored. This authorization will remain in full force until the merchant receives written notification of account closure or amendment from an authorized company executive in a reasonable time to act.

Authorized Signature: _____ Title: _____ Date: _____

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