



**APPLICATION FOR CREDIT AGREEMENT**

**COMPANY INFORMATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 FAX: \_\_\_\_\_ FEDERAL EIN: \_\_\_\_\_

(If Different From Above)

BILLING ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 CHOOSE ONE:  \*Sole Proprietorship  Partnership  \*General  \*Limited  Corporation  
 \* Must Complete The Personal Information Section Below If Checked Above

DIVISION, SUBSIDIARY, OR BRANCH OF: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TYPE OF BUSINESS: \_\_\_\_\_ YEARS ESTABLISHED: \_\_\_\_\_  
 ANNUAL SALES: \_\_\_\_\_

**PERSONAL INFORMATION**

OWNER, PARTNER OR PRINCIPAL OFFICER: \_\_\_\_\_  
 TDL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**PERSONAL INFORMATION**

OWNER, PARTNER OR PRINCIPAL OFFICER: \_\_\_\_\_  
 TDL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**TRADE REFERENCE #1**

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 APPROXIMATE HIGH CREDIT: \_\_\_\_\_  
 FOR OFFICE USE ONLY: \_\_\_\_\_

**TRADE REFERENCE #2**

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 APPROXIMATE HIGH CREDIT: \_\_\_\_\_  
 FOR OFFICE USE ONLY: \_\_\_\_\_

**TRADE REFERENCE #3**

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 APPROXIMATE HIGH CREDIT: \_\_\_\_\_  
 FOR OFFICE USE ONLY: \_\_\_\_\_

**ESTIMATED LINE OF CREDIT REQUIRED: \$** \_\_\_\_\_

For Lines Of Credit Of \$5,000.00 Or More, Please Provide The Following Below:

**FINANCIAL INFORMATION**

CHOOSE ONE:  Financial Statement Attached  Financial Statement Will Be Forwarded By Or  
 Before The Following Date: \_\_\_\_\_ (To Be Kept In Strict Confidence)

**BANK REFERENCE** (Give Your Primary Bank)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 BANK OFFICER: \_\_\_\_\_ CHECKING ACCOUNT #: \_\_\_\_\_

*The applicant and the signatory for the applicant (applicant) represent and warrant that the information given in this application is true, correct and complete, acknowledge that such information will be relied upon in the granting of credit by Advanced Pressure Systems, and realize that any failure to completely and accurately disclose the information requested will constitute a breach of any agreement, which may be entered in to with Advanced Pressure Systems. The applicant understands that payment terms are net 30 days from date of invoice and agrees to these terms. Applicant further agrees that a service charge of 1-1/2% per month may be charged on all overdue accounts. Applicant hereby authorizes Advanced Pressure Systems to investigate the references listed pertaining to applicant's credit and financial responsibility.*

*Applicant agrees to pay all reasonable costs and expenses, including legal fees incurred by Advanced Pressure Systems, should legal recourse become necessary in collecting any sums owed by applicant to Advanced Pressure Systems.*

NAME: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 DATE: \_\_\_\_\_