



CREDIT APPLICATION

Date: _____

Customer Name: _____

DBA: _____

Federal ID/SS#: _____ (If marked exempt, please include certificate) Years in Business _____

Sole

Partner

Corp

Government

Owner(s)/Principal(s):

Name	Title	SS#	Home Address

Primary Address	
City, State, Zip	
Website	

	Billing	Shipping
Contact name		
Address		
City, State, Zip		
Email		
Phone		

Please attach additional Shipping addresses separately

Approved Purchaser(s)	PO required:	Yes	No
Name			
Title			
Email			
Phone			

Please attach additional Approved Purchasers separately

Expected Monthly Dollar Values	
Expected Frequency of Orders	



TRADE REFERENCES (Name suppliers of major products and services)

Name	Acct #	City, State	Fax Number	Email

BANK REFERENCE:

Bank Name	Address
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Contact Name and Phone Number	Account Number	Type of Account
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CERTIFICATION, ACKNOWLEDGEMENT AND AUTHORIZATION:

The undersigned hereby represent that he/she is duly authorized to execute and submit this credit application on behalf of the customer named above ("Customer"), and the information provided above is for the purpose of obtaining credit for business purposes (not personal, family, or household purchases) and is warranted to be true, correct, and complete. **AccuCut, LLC** is hereby authorized to investigate the references listed and to run a credit report pertaining to my/our credit and financial responsibilities. The undersigned, for and on the behalf of Customer, acknowledges and agrees to provide **AccuCut, LLC** with prompt notice at such time as any of the information provided herein becomes false or misleading in any respect.

CREDIT AGREEMENT:

In consideration of credit being extended by **AccuCut, LLC** to the above named applicant for merchandise to be purchased, whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned applicant hereby contracts with **AccuCut, LLC** and agrees to pay, when due (as hereinafter set forth), all accounts of said applicant for the purchases. All billings will be paid in full on or before the due date on the invoice. If payment is not made when due, interest shall accrue at 1 1/3% per month on the amount due from the date of the invoice until paid. Credit privileges will be revoked if invoices are not paid in full when due without further notice. In the event it is necessary for **AccuCut, LLC** to take legal action or use the services of a collection agency to collect an account, the above-named applicant agrees to pay all reasonable expenses incurred including attorneys' fees and all pre-and post-judgment interest. This Application and any dispute between the above-named applicant and **AccuCut, LLC** shall be governed by the laws of Nebraska, and, all disputes between the above-named applicant and **AccuCut, LLC** shall only be litigated in an appropriate state court located in Sarpy County, Nebraska, and the above-named applicant consents to personal jurisdiction and venue being proper in the appropriate state court located in Sarpy County, Nebraska.

Business Name: _____

(Authorized Signature) (Title) (Date)