



CREDIT APPLICATION

Fax to:

Fax from:

DATE: _____

YOUR COMPANY NAME AND ADDRESS

PARENT COMPANY NAME AND ADDRESS
(IF APPLICABLE)

YOUR PHONE/FAX NO. _____

PARENT COMPANY PHONE # _____

YOUR E-MAIL. _____

PARENT COMPANY # _____

Accounts Payable Contact Information:

Name: _____

Phone: _____

E-mail: _____

Fax #: _____

TYPE OF COMPANY (PLEASE CHECK ONE) PROPRIETORSHIP:

____ PARTNERSHIP ____ CORPORATION ____ (STATE OF INCORPORATION) ____
YR FOUNDED _____

FEDERAL I.D.# _____ TAX EXEMPT # (CERT. REQUIRED) _____

OF EMPLOYEES _____ TYPE OF BUSINESS _____ SIC _____

DUNN & BRADSTREET # _____

PLEASE PROVIDE US WITH YOUR BANK AND TRADE REFERENCES. IF YOU DO NOT HAVE A STANDARD FORMAT PLEASE PROVIDE US WITH YOUR BANK NAME, ADDRESS, PHONE NUMBER AND ANY ACCOUNT NUMBERS (INCLUDING LOANS/LEASES). ALSO PROVIDE US WITH THE NAME, ADDRESS, PHONE OR FAX NUMBER FOR A MINIMUM OF 3 TRADE REFERENCES (DO NOT INCLUDE OFFICE SUPPLY COMPANIES).

YOUR SIGNATURE BELOW CERTIFIES THAT THE ABOVE INFORMATION IS CURRENT AND ACCURATE. YOUR SIGNATURE ALSO IS AGREEMENT TO PAY ALL INVOICES WITHIN THE AGREED TERMS AND CONDITIONS. OUR STANDARD TERMS ARE NET 30DAYS. IN THE EVENT INVOICES ARE NOT PAID WITHIN THE AGREED TERMS OF THE INVOICE, THE CUSTOMER AGREES TO PAY: INTEREST CHARGED AT THE RATE OF 1 1/2% PER MONTH (18% PER YEAR), AND ANY COSTS INCURRED BY US IN COLLECTION OF MONIES DUE, INCLUDING COLLECTION FEES, ATTORNEY FEES, COURT COSTS, ETC.

SIGNATURE _____ TITLE _____ DATE _____