



APPLICATION FOR CREDIT

Print or Type

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

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

Name of Parent Company (if Subsidiary): \_\_\_\_\_

Business Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

(CITY) (STATE) (ZIP CODE)

Billing Address (if Different): \_\_\_\_\_ (STREET) (CITY) (STATE) (ZIP CODE)

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Business: Sole Ownership + Partnership + Corporation +

Kind of Business: \_\_\_\_\_

At Present Location Since (Date): \_\_\_\_\_ Year Established: \_\_\_\_\_

REFERENCES: (Give only names of those you buy from on open account)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Where Do You Bank? \_\_\_\_\_ Address: \_\_\_\_\_

Bank Account No: \_\_\_\_\_ Bank Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Is Material to be Taxable? \_\_\_\_\_ Resale \_\_\_\_\_ Exempt \_\_\_\_\_ Direct Pay \_\_\_\_\_ If No - Attach Copy of Certificate

Is Purchase Order Number Required? Yes + No + Name of Purchasing Agent: \_\_\_\_\_

Name of Accounts Payable Supervisor: \_\_\_\_\_

IF CREDIT IS APPROVED, BUYER AGREES TO PAY FINANCE CHARGE OF 1-1/2% PER MONTH (18% PER YEAR) ON ALL UNPAID INVOICE AMOUNTS EXCEEDING 30 DAY CREDIT TERMS. THIS IS A CONTRACTUAL AGREEMENT TO HONOR FINANCE CHARGES. I UNDERSTAND THAT THE INFORMATION FURNISHED ON THIS PAGE IS FOR THE PURPOSE OF OBTAINING CREDIT FROM YOUR FIRM AND THAT I AM AUTHORIZED, IN MY CAPACITY, TO BIND MY FIRM ACCORDINGLY.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHR Rep. \_\_\_\_\_