



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. _____