

Application for Credit

Business Information

Firm Name: _____
Address: _____
City: _____ State: _____ Zip: _____
County: _____
Type of Business: _____ Year Business Opened: _____
Phone: _____ Fax: _____
Federal ID# or SS#: _____ Dun & Bradstreet #: _____
Principals Name: _____ Title: _____
Contact Person: _____ Title: _____
Contact Email Address: _____
Would you like invoices sent to your email address? Y/N: _____. Purchase Order required? Y/N: _____.

Bank Reference

Name: _____ Account #: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Date Account Opened: _____

Trade References *(Please use only local business for references such as local hardware stores, supply companies, etc... Please do not list large corporations, hospitals, or utility/phone companies)*

Name: _____ Phone: _____ Fax: _____
Name: _____ Phone: _____ Fax: _____
Name: _____ Phone: _____ Fax: _____

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs. **Terms are net 1st 10th unless otherwise agreed.**

Company: _____ Date: _____
Signature: _____ Title: _____
Please print your name: _____

Internal use: Salesman# _____ Credit Limit: _____ Terms: _____