

APPLICATION FOR CREDIT

PLEASE ATTACH A COPY OF YOUR RESALE CERTIFICATE

Date: _____

Name of Firm: _____

Trade Style (DBA): _____ Date Established: _____

Fed ID #: _____ Phone # _____ Fax #: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Description of Business:

☐ 1) Sole Proprietorship ☐ 2) General Partnership ☐ 3) Corporation

Note: If #1 or #2 is checked, please complete the following:

Name of Principals _____ Residential Address _____ City/State/Zip _____

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Tax Status: ☐ Taxable ☐ Resale Tax Exemption # _____

Estimated Annual Sales: _____ D-U-N-S#: _____

Trade References:

Name: _____ Phone #: _____ E-mail/Fax #: _____

Name: _____ Phone #: _____ E-mail/Fax #: _____

Name: _____ Phone #: _____ E-mail/Fax #: _____

Bank Reference:

Name: _____ Account#: _____ Type: _____

AP/Controller Contact: _____

E-mail: _____ Phone: _____ Fax: _____

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The undersigned understands that a service charge of 1½% or maximum amount allowable by law is charged each month for past due balances unpaid. In the event of default the undersigned agrees to pay reasonable attorney's fees and other costs incurred in collection. The above information is provided for the purpose of obtaining credit and is warranted to be true. We hereby authorize the firm to whom this application is made to investigate the references listed relating to my/our credit and financial responsibility.

☐ By checking this box. I am electing to electronically sign this form. (Please fill in the other fields below.)

Signature _____

Name _____

Title _____

Date _____

Sales Representative: _____

☐ By checking this box. I am electing to electronically sign this form. (Please fill in the other fields below.)

Signature _____

Name _____

Title _____

Date _____

Primary Contact: _____