

COMMERCIAL CREDIT APPLICATION

COMPANY _____ BRANCH LOCATION _____ DATE _____

COMPANY INFORMATION

Check One: Corporation Limited Liability Company Sole Proprietor Partnership

Federal ID _____ Social Security No. _____

If Tax Exempt - provide Tax Exempt Number and Card: _____

Legal Name of Business: _____ DBA: _____

Billing Address: _____ Delivery Address: _____

City/State/Zip _____ City/State/Zip _____

Accounts Payable Contact: _____ Email: _____

Payable Phone Number: _____ Fax Number: _____

Date Business Established: _____ Type of Business: _____

Principal Owner or Authorized Officer of Business: _____

TRADE REFERENCES

Name: _____ Account Number: _____

Address: _____ Contact: _____

City/State/Zip _____ Phone _____ Fax: _____

Name: _____ Account Number: _____

Address: _____ Contact: _____

City/State/Zip _____ Phone _____ Fax: _____

Name: _____ Account Number: _____

Address: _____ Contact: _____

City/State/Zip _____ Phone _____ Fax: _____

Credit Terms & Conditions

The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the firm to whom this application is made to investigate the references listed and/or run an Equifax Small Business Report or Consumer Report pertaining to my/our credit and financial responsibility. Applicant's signature attests to financial responsibility, ability, and willingness to pay our invoices in accordance with the payments terms which may be granted. Customer agrees to pay finance charges on past due amounts and all costs of collection, including attorney fees.

Company Name: _____ Title: _____

Signature of Authorizer Officer: _____ Date: _____