



APPLICATION FOR CREDIT

If filling out application electronically, please save file with a different name.

Business Name: _____ Date: _____

Physical Address: _____

Mailing Address: _____

Business Phone: _____ Fax: _____

Owner Name: _____

Owner's Social Security Number: _____

Owner's Address: _____

Please Check One: Corporation Partnership Individual

List Principals:

Name	SS#	Phone#	Title
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_____	_____	_____	_____
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Bank Reference:

Bank Name	Address	Phone#	Account#	Type
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_____	_____	_____	_____	_____
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Do you rent or own your location? Please check one.

Credit References:

List Name, Phone Number, and Account# of 3 creditors

Person to contact for Accounts Payable: _____

Their Contact Info: _____

Credit terms desired: _____

We understand that no claims on product are allowed unless notified within 48 hours of receipt of the product. A one and one-half (1 1/2) percent interest charge will be applied to receivables held over 30 days from delivery date. A 25 dollar service charge will be assessed on any check returned by a bank or financial institution. Customer will be responsible for all attorney fees and necessary costs to collect on this account.

Authorized Signature: _____ Date: _____

Federal Employer ID #: _____