



Application for Credit

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Date: _____

Company Name: _____ **Main Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Fed. ID #: _____ **Years in Business:** _____

Sales Tax Exempt? Yes No **Tax Exemption #:** _____ (Please attach Sales Tax Exemption Documentation)

Primary Contact/Owner/General Manager

Main Contact: _____ **Direct Phone:** _____

Email Address: _____

Accounts Payable

Main Contact: _____ **Direct Phone:** _____

Email Address: _____

Send invoices Via: Mail Email Both

Email for Invoices: _____

Purchasing

Main Contact: _____ **Direct Phone:** _____

Email Address: _____

PO Required? Yes No

Ship To Address

Company/Location Name Same as Billing Address _____

Main Contact: _____ **Direct Phone:** _____

Email Address: _____

Shipping Address: _____

City: _____ **State:** _____ **Zip Code:** _____

(For multiple ship to locations, please list on a separate sheet)

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Application for Credit

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Company Name: _____

Credit References

#1 - Company Name: _____

Main Contact: _____

Email Address: _____

Phone: _____ Account #: _____

#2 - Company Name: _____

Main Contact: _____

Email Address: _____

Phone: _____ Account #: _____

#3 - Company Name: _____

Main Contact: _____

Email Address: _____

Phone: _____ Account #: _____

Credit Card Authorization

Name on Card: _____

Card #: _____ Exp Date: ____ / ____ Security Code: _____

Billing Address for Credit Card Same as Billing Address _____

City: _____ State: ____ Zip Code: _____

This credit card information will be kept confidential and the card will only be charged if we do not received payment within 15 days past terms of the invoice.

By signing this application, I, as guarantor, agree to pay all invoices according to the terms on each. I also agree to pay a 2% per month finance charge on all past due invoices. I agree to remit all cost incurred due to collection action that may be required.

I approve the release of this information. and verify that it is truthful and accurate.

Signature of Applicant: _____ Date: _____