



**APPLICATION FOR CREDIT**

Federal I.D. No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Business \_\_\_\_\_ Year Established \_\_\_\_\_

Ownership  Corporation  Partnership  Proprietorship

Year Incorporated \_\_\_\_\_ State of Incorporation \_\_\_\_\_

List below the names of owners (or) names of **all** partners (or) names and titles of **all** corporate officers. If a proprietorship or partnership please list home addresses and home telephone numbers.

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Trade References**

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Bank Reference**

Name \_\_\_\_\_ Branch \_\_\_\_\_

Account no. \_\_\_\_\_ Credit line desired \$ \_\_\_\_\_ Do you require a purchase order? \_\_\_\_\_

Name of person responsible for payment (*please print*) \_\_\_\_\_

**Terms and Conditions**

(1) I (We) the undersigned, agree that I (we) will pay for purchases according to terms set forth on invoices. (2) That if outside collection action is necessitated, I (we) agree to pay the standard collection agency charges. (3) Should suite or other legal action be instituted, I (we) also agree to pay plaintiff's reasonable attorney fees and all court costs.

\_\_\_\_\_  
Authorized signature and title of responsible person agreeing to above terms and conditions

\_\_\_\_\_  
Date