Credit Account Application

Date:				
Company Name:				
Address:				
			Years in Business:	
Business Type:	Sole Proprietorship	Partnership	Corporation in State of:	
Phone Number:	Fax Number:	Federal Tax ID#:		
Name and Address of	f Individual or Partners:			
Trade References: C	ompany Name, Address, Conta	ct, Phone and Fax Number		
and service charges inc within agreed billing te after the sum becomes a and/or attorney for colle	urred, in accordance with our terms rms the undersigned will pay interedue and payable, and ending on the	s of Net 30. It is understood and st on the sum due at the maxim day the sum is paid in full. Sh the undersigned will pay a 25%	sponsibility, ability and willingness to pay for all purchases d agreed that should this account at any time not be paid um rate allowed by law, accruing daily beginning the day ould this account be placed with an outside collection service 6 collection fee or a 35% attorney/collection fee, court costs,	
The above information	on is herewith submitted for the	purpose of opening an accor	unt and I do hereby certify this information to be true.	
Signed:		Name (p	ls print):	
Title:		Date:	Date:	



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