

CREDIT ACCOUNT APPLICATION



Customer Information

Date: _____ Company Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____ Years in Business: _____

Business Type: Sole Proprietorship Partnership Corporation in State: _____

Phone: _____ Email: _____ Federal Tax ID# _____

Name and Address of Financially Responsible Party (Proprietor, Major Shareholder, etc.)

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

Trade References

Company Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Company Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Company Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Applicant's signature must be signed by an officer of the company and attests financial responsibility, ability and willingness to pay for all purchases and service charges incurred, in accordance with our terms of Net 30. It is understood and agreed that should this account at any time not be paid within agreed billing terms the undersigned will pay interest on the sum due at the maximum rate allowed by law, accruing daily beginning the day after the sum becomes due and payable, and ending on the day the sum is paid in full. Should this account be placed with an outside collection service and/or attorney for collection (whether or not suit is filed), the undersigned will pay a 25% collection fee or a 35% attorney/collection fee, court costs, and all expenses incurred in connection with collecting past due amounts.

The above information is herewith submitted for the purpose of opening an account and I do hereby certify this information to be true.

Signed: _____

Please download, sign, and return

Name (please print): _____

Title: _____

Date: _____