



CREDIT APPLICATION
(PLEASE PRINT)

Date: _____
Business Phone#: _____
Business Fax#: _____

Business Name: _____

Business Address: _____
City: _____ State: _____ Zip: _____
Date Business Started: _____ how long @ above address: _____
E-MAIL ADDRESS: _____

*****IF DELIVERY ADDRESS IS DIFFERENT THAN BILLING ADDRESS, PLEASE COMPLETE PAGE TWO FULLY.**

Special delivery instructions: _____

PLEASE FILL IN ALL 3 TRADE REFERENCES IN FULL:

- 1. Name: _____ Address: _____
City: _____ State: _____ Phone#: _____ Fax#: _____
- 2. Name : _____ Address: _____
City: _____ State: _____ Phone#: _____ Fax#: _____
- 3. Name : _____ Address: _____
City: _____ State: _____ Phone#: _____ Fax#: _____

We, the undersigned, understand and agree to pay your terms of Net 30. We also accept that invoices are considered past due by the 10th of the following month. A 2% fee will be accessed after the 10th if payment is not received. Each of us further agrees that in the event of default of this account; we will be charged for collections costs and any attorney's fees.

President _____ Owner _____ or Manager _____
Name: _____

Please list all persons authorized to charge on this account:

Name: _____ Signature _____
Name: _____ Signature _____
Name: _____ Signature _____

The above information is for the purpose of obtaining credit, and is warranted to be true. I agree to pay all bills when due. I hereby authorize the person of firm to whom this application is made, to investigate the references herein listed or statements of other data obtained from me or from any other person pertaining to my credit and financial responsibility.

APPLICANT'S SIGNATURE: X _____

PLEASE ALLOW 7-10 DAYS FOR PROCESSING. INCOMPLETE APPLICATIONS WILL BE DENIED! WE THANK YOU FOR YOUR PATRONAGE!





APPLICANT'S CORPORATE OFFICE INFORMATION

(PLEASE FILL OUT ONLY IF BILLING ADDRESS IS DIFFERENT FROM CUSTOMER ACCOUNT ADDRESS)

NAME OF CORPORATE OFFICE: _____

CORPORATE OFFICE ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

CORPORATE OFFICE PHONE#: () _____ FAX: _____

ACCOUNTS PAYABLE CONTACT: _____

MULTIPLE DELIVERY ADDRESSES: (SHIP-TO'S)

1. Name: _____
Address: _____ City: _____ State: _____
Delivery Information: _____
2. Name: _____
Address: _____ City: _____ State: _____
Delivery information _____
3. Name: _____
Address: _____ City: _____ State: _____
Delivery information _____
4. Name: _____
Address: _____ City: _____ State: _____
Delivery information _____
5. Name: _____
Address: _____ City: _____ State: _____
Delivery information _____
6. Name: _____
Address: _____ City: _____ State: _____
Delivery information _____
7. Name: _____
Address: _____ City: _____ State: _____
Delivery information _____
8. Name: _____
Address: _____ City: _____ State: _____
Delivery information _____
9. Name: _____
Address: _____ City: _____ State: _____
Delivery information _____
10. Name: _____
Address: _____ City: _____ State: _____
Delivery information _____

THANK YOU FOR YOUR PARTONAGE!