



APPLICATION FOR CREDIT

BUSINESS CONTACT INFORMATION

Company Name:

Registered Company Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Date business Commenced:

Desired Credit Amount:

How long at current address?

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Bank name:

Bank address:

Phone:

City:

State:

Zip Code:

Type of account:

Account number:

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company Name:

Type of account

Address:

City:

State:

Zip Code:

Phone:

Fax:

E-mail:

Company Name:

Type of account

Address:

City:

State:

Zip Code:

Phone:

Fax:

E-mail:

Company Name:

Type of account:

Address:

City:

State:

Zip Code:

Phone:

Fax:

E-mail:

AGREEMENT

Our terms are net 30 days. 1-1/2% per month service charge on all past due accounts. In the event it becomes necessary for our company to incur any collection costs or suits to collect under this agreement, the undersigned agrees to pay such additional costs of collection and such sum as the court may deem reasonable as Attorney's fees on said suit. Applicant agrees to adhere to these terms. Signature agrees to personally guarantee payment of all balances due from company.

SIGNATURES

Title:

Date:

Title:

Date: