

# Application for Credit

Date \_\_\_\_\_

Firm Name \_\_\_\_\_ Number of Years in business \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
 Street City State Zip # Years Here

Mailing Address \_\_\_\_\_  
 Street City State Zip # Years Here

\_\_\_\_\_ Sole Ownership \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation • Tax ID or EIN \_\_\_\_\_

Previous Address \_\_\_\_\_  
 Street City State Zip # Years Here

## Local Business References OTHER than Visa or Mastercard, Am Ex or Utilities

1. \_\_\_\_\_ Street Address \_\_\_\_\_  
 City, State \_\_\_\_\_  
 Account Number \_\_\_\_\_ Phone Number \_\_\_\_\_

2. \_\_\_\_\_ Street Address \_\_\_\_\_  
 City, State \_\_\_\_\_  
 Account Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Banking Reference : Bank \_\_\_\_\_ Branch \_\_\_\_\_ Phone \_\_\_\_\_

Please list names, residences, phones and titles of all owners, officers or partners

Name	Title	Address	Phone

## Billing and Service Information

For Office Use ONLY
Salesperson _____
Credit Approved by _____
Date _____
Comments _____
_____
_____
_____
_____
_____

Firm Name \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 Attention \_\_\_\_\_  
 Accountant / Bookkeeper \_\_\_\_\_

All charges incurred by the undersigned or his agent shall be paid within 10 days after the statement is received. If the account is not paid as agreed, we hereby agree to pay reasonable attorney fees for collection, and costs provided by law.

\_\_\_\_\_ Title \_\_\_\_\_  
 (Signature of Authorized Person)