

Date Opened:
By:
Credit Limit:
SLM:

Credit Application

Company Name					
Shipping Address		City		_State	Zip
Billing Address		City		State	Zip
Purchasing Agent		Phone	Fa:	x	
Accounts Payable		Phone	Fax	ζ	
Are your purchases Sales Tax Exempt? Certificate or ST 101)	YesNo (If yes, p	please complete and at	tach a Sales Ta	x Exemp	tion
Name		Permit#			
Sole OwnershipPartnershipO	Corporation				
Do you use / require purchase orders?	YesNo				
Nature of Business					
How long have you been in business?	years				
List Owners, Partners or Officers:					
Name	City	State	Pho	one	
Name	City	State	Pho	one	
Trade References (3 required minimum)	ı				
Name	City	State	Pho	one	
Name	City	State	Pho	one	
Name	City	State	Pho	one	
Bank	City	State	Phone		
Account #	Bra	nch			
I/We have made the above statements for obtain goods purchased on open account are as follows invoice. Service charge at rate of 1 ½% per mont will pay court costs and reasonable attorney fees.	: It is agreed that paymen h (18% per year) will be ad	t will be made not later the lded on all past due account	an thirty (30) day	s from the	date of sale
Signature	Тì	tle	Date	<i>5</i>	