



# CREDIT APPLICATION

Company Name \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Sales Tax Exemption Certificate \_\_\_\_\_ Yes \_\_\_\_\_ State \_\_\_\_\_ No

\*Please attach or forward a valid exemption certificate for each state

Accounts Payable Contact \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Office Location \_\_\_\_\_

### Business Information

**Sole Proprietorship** Name \_\_\_\_\_

**Partnership** Partner \_\_\_\_\_ Partner \_\_\_\_\_

**Corporation** President \_\_\_\_\_ Phone \_\_\_\_\_

Vice President \_\_\_\_\_ Phone \_\_\_\_\_

Secretary \_\_\_\_\_ Phone \_\_\_\_\_

Treasurer \_\_\_\_\_ Phone \_\_\_\_\_

### Financial Information

Credit Amount Requested \$ \_\_\_\_\_ Years in Business \_\_\_\_\_ SIC \_\_\_\_\_

Est. Annual Sales \$ \_\_\_\_\_ Net Worth \$ \_\_\_\_\_

Total Assets \$ \_\_\_\_\_ Total Liabilities \$ \_\_\_\_\_

### Banking Information

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Trade References

(Please include contact name, phone number, fax number and complete address)

Company Name	Contact	Phone Number	Fax Number	Address
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize \_\_\_\_\_ to investigate all references and customary credit information sources regarding my/our credit and financial responsibility.

CREDIT POLICY: Statements are rendered as of the last day in a month. C.O.D. restrictions MAY be placed on any past-due account.

CREDIT TERMS: All invoices have terms of **NET 30 DAYS**. A service charge of one and one half percent (1 ½%), or the highest legal rate, whichever is less, may be assessed on delinquent invoices. This is an annual rate of eighteen percent (18%). An invoice will be issued for each charge and added to the monthly statement.

In the event of default, and if this account is turned over to an agency or an attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or costs of collection, whether or not suit is filed.

Applicants' signature attests financial responsibility, ability and willingness to pay in accordance with above terms:

Firm Name \_\_\_\_\_  
 By \_\_\_\_\_ Title \_\_\_\_\_  
 By \_\_\_\_\_ Title \_\_\_\_\_

For valuable consideration, the receipt of which is acknowledged, including but not limited to the extension of credit by \_\_\_\_\_ to \_\_\_\_\_, the undersigned, jointly and severally, unconditionally guarantee to \_\_\_\_\_, hereafter Obligee, the full and prompt performance including payment by \_\_\_\_\_, hereafter Obligor, of all obligations which Obligor presently or hereafter may have to Obligee and payment when due of all sums presently or hereafter owing by Obligor to Obligee. Obligor agrees to indemnify Obligee against any losses Obligee may sustain and expenses Obligee may incur as a result of any failure of Obligor to perform. This shall be continuing guarantee which shall expire on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ and shall not exceed in the amount the sum of \$ \_\_\_\_\_ exclusive of interest, court costs and/or attorney's fees.

_____	_____
	Date
_____	_____
	Date
_____	_____
	Date