

Customer Credit Application

Name of Customer _____ EIN/SSN _____

Mailing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____ Website _____

Contact Person & Position _____ email _____

Anticipated Annual Purchase: \$ _____ Requested Credit Limit: \$ _____

Business Facts

Formed/Incorporated under state laws of: _____ Date of formation _____

Is your company a division or subsidiary of another company? _____ Yes _____ No

If yes, Name _____, address _____ website _____

DUNS# _____ Are you tax exempt? _____ Yes _____ No.

If yes, Tax exempt State(s) and Number(s) _____ Please fax or email a copy of the tax exempt certificate. The Customer will be charged applicable sales tax on all purchases unless Customer submits a valid resale certificate or other proof of exemption, which will be treated as part of this credit application.

Banking

Your Bank _____ Account # _____

Mailing Address _____ City _____ State _____ Zip _____

Bank Contact _____ Email _____ Phone _____

Trade References

Name _____ Phone # _____ Email _____

Name _____ Phone # _____ Email _____

Name _____ Phone # _____ Email _____

Terms & Conditions

Customer Agrees: 1. That invoices not paid within 30 days will be assessed at 1.5% per month on the unpaid balance.
2. That in the case of default in payment, Customer will pay reasonable attorneys' fees and court costs incident to any formal collection preceding that may be required.

By signing below, you certify that the information provided above is true and correct to the best of your knowledge. You further authorize us to contact your credit references and solicit a credit report on your company.

Signature of Officer, Owner, or Authorized Agent _____ Title _____

Print Name _____ Date _____