



CREDIT APPLICATION

Company Name: _____

Bill to Address: _____

City: _____ State: _____ Zip: _____

Type of Business: _____ # of Years in Business: _____

Annual Sales: _____ Credit Amount Request: _____

A/P Phone: _____ Fax: _____ A/P Email: _____

Website Address: _____ Tax ID#: _____

Does your company accept EMAILED or FAXED invoices: _____

Officer's name: _____ Title: _____ SSN: _____

Bank Reference

Name: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date account opened: _____

Credit References

Firm name: _____ Phone: _____

Firm name: _____ Phone: _____

Firm name: _____ Phone: _____

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs.

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Company: _____ Date: _____

Signature: _____ Title: _____

Please print your name: _____