

Company Information

Customer Credit Application

ull Legal Name/Business Entit	tv		Phone #		Fax #	
un Legar Name/Dusiness Entit	. y		1 HOHE #		ι ων μ	
oing Business As (DBA)						
lling Address				City	State	Zip
ompany Type: Proprietorship	Partnership Corpo	oration	ise Othe	r:		
ederal Tax ID (if incorporated)	State of Incorporation			Year Business Established	
ype of Business		No. of Emplo	yees	Annual Sales		
-Mail Address(es):				Website:		
nvoicing Information &	AP Contact Information					
Delivery Method For Invoices	711 Contact Information				Supporting Document F	Requirements
E-Mail (Preferred):		○ Fax:		O US Mail	BOL POD (BOTH
P Contact Name	Phone	Fax		E-Mail Address		<u> </u>
Bank Reference						
Bank Name	Account Nu		mber(s) Contac			
Address	City	State	Zip	Phone #	Fax#	
rade Credit References						
ompany Name	Contact		E-Mail Address:			
Address	City	State	Zip	Phone #	Fax #	
ompany Name	Contact		E-Mail Address:			
44	Cit	Charles	7:	Di P		
Address	City	State	Zip	Phone #	Fax #	
Company Name	Contact		E-Mail Address:			
ddress	City	State	Zip	Phone #	Fax#	

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.