



CREDIT APPLICATION

Please type or print Please allow 3 to 4 weeks for open account processing.

Business Name _____

Phone No. () _____ Fax No. () _____

Billing Address _____
Street City & State Zip Code

Shipping Address _____
Street City & State Zip Code

Owners Name(s) (or Partners) _____

Type of Business _____ Established _____

Purchase Order Required Yes ___ No ___ E-Mail Address _____

Sales Tax Information For Resale (State) _____ Resale Tax No. _____

Not for Resale. Charge Tax.

CREDIT REFERENCES: Please complete ALL five references with full street address, zip, and account number, if applicable. We must have this information before processing for open account.

1. Bank _____ Street _____
Account Number _____ City & State _____ Zip Code _____
Phone _____ Fax _____

2. Business _____ Street _____
Account Number _____ City & State _____ Zip Code _____
Phone _____ Fax _____

3. Business _____ Street _____
Account Number _____ City & State _____ Zip Code _____
Phone _____ Fax _____

4. Business _____ Street _____
Account Number _____ City & State _____ Zip Code _____
Phone _____ Fax _____

5. Business _____ Street _____
Account Number _____ City & State _____ Zip Code _____
Phone _____ Fax _____

We hereby apply for credit and agree to the following conditions: Terms are 1% 10 Days / Net 30 Days. In case of default in payment of any invoice amount for merchandise, I/We jointly and severally promise to pay (1) interest at the rate of one and one-half per centum (1-1/2%) per month on any past due balance and (2) the actual expenditures, including all attorney's fees, all service and suit fees and any court costs incurred in the collection of the total invoiced amount. I/We authorize inquiries into my credit history.

Rev 12/06 | For Office Use Only: | Print Name _____
Account No. _____ | Title _____ Date _____
Cards _____ | Signature _____