

Firm Name: _____ Date of Application: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Corporation: _____ Partnership: _____ Sole Owner: _____



PRINCIPALS

President: _____

Vice President: _____

Secretary: _____

BANK REFERENCE

Name: _____ Acct. #: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Contact: _____ Banked here since: _____

TRADE REFERENCE

Firm Name: _____ Telephone: _____

Address: _____

Contact: _____

Firm Name: _____ Telephone: _____

Address: _____

Contact: _____

Firm Name: _____ Telephone: _____

Address: _____

Contact: _____

AMOUNT OF CREDIT REQUESTED: _____

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.

Applicant Company: _____ **Date:** _____

Signature: _____ **Title:** _____

Full Name of Signatory (please print): _____

Credit Application