



CREDIT APPLICATION

COMPANY

Name _____ A/P Contact _____

Address _____

Telephone _____ Fax _____

Key Personnel

President _____

Home Address _____

Vice President _____

Home Address _____

Comptroller _____

Home Address _____

Company Description

Nature of Business _____

Number of Employees _____ Years in Business _____

Bank Reference

Name _____ Bank Officer _____

Address _____

Telephone _____ Fax _____ Account # _____

1. Name _____ Contact _____

Address _____

Telephone _____ Fax _____

2. Name _____ Contact _____

Address _____

Telephone _____ Fax _____

3. Name _____ Contact _____

Address _____

Telephone _____ Fax _____

Please Note: Customer agrees to pay in accordance with standard invoice terms or else agrees to pay interest on delinquent payments at the rate of 18% annum from due date of payment. Customer agrees to pay all collection costs and attorney's fees to collect past due amounts, as permitted by law.

Submitted by _____ Title _____ Date _____

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