



Credit Application Form

Business Information:

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Billing Address (If different than mailing address): _____

_____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Years in Business: _____

Accounts Payable Contact: _____ Accounts Payable Fax: _____

Name of Owner/Officers: _____

Vendor References - Do not use landlords, utilities, banks, credit cards, or any type of loan/lease payment

Vendor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Account Number: _____

Vendor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Account Number: _____

Vendor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Account Number: _____

Terms and Conditions: Invoices are due/payable net 20 days from the date of of invoice. Should payment not be made according to the Terms and Conditions set forth in this Agreement, I/we agree to pay interest at the rate of eighteen (18%) per annum on the delinquent balance from the initial date of service/sale until the default is satisfied. I/we agree to pay a collection fee. I/we agree to pay all cost from court actions including, but not limited to attorneys fees, process server fees and court filling fees as a result of default. I/we further agree to pay a \$50.00 return check fee if my/our check is returned.

Authorized Signature: (Partner, Proprietor, or Corporate Office)

Name: _____ Title: _____

Signature: _____ Date: _____