

Confidential Credit Application

Corporate Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

EIN# _____ Duns# _____

Accounts Payable Contact: _____

Credit Limit Requested: _____

Trade References

1.) Name: _____ Address: _____

Telephone: _____ Fax: _____

Contact: _____

2.) Name: _____ Address: _____

Telephone: _____ Fax: _____

Contact: _____

3.) Name: _____ Address: _____

Telephone: _____ Fax: _____

Contact: _____

Bank Information

Bank: _____ Address: _____

Acct: _____ Telephone: _____

Contact: _____

In applying for credit, I/we understand that all accounts unless otherwise arranged are payable on or before the last due date as shown on each invoice, and if not paid on or before said date, are delinquent. I/we agree to pay any and all legal service charges added each month on past due invoices.

If credit is approved, I/we agree to the above terms and the undersigned is/are responsible for payment of the account. I/we do further agree, that if the account must be placed for collection, to pay any and all collection fees, attorney fees, and court costs, associated with said collection.

Signed: _____ Signed: _____

Title: _____ Title: _____

Date: _____ Date: _____