

**\*\*APPLICATION FOR CREDIT\*\***

I (we) request an open charge account in the amount of \$\_\_\_\_\_ on your terms: Net 10<sup>th</sup> of the month.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Check one: Individual \_\_\_\_\_ Corporation \_\_\_\_\_

Sales Tax Number: \_\_\_\_\_ Federal ID# \_\_\_\_\_

If individually owned: (Need physical Address and Phone Number)

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

If Incorporated, Name of:

(1) President: \_\_\_\_\_

(2) Treasurer: \_\_\_\_\_

(3) Secretary: \_\_\_\_\_

Business Trade: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Need Purchase order numbers: Yes \_\_\_\_\_ No \_\_\_\_\_

Location of Home office: \_\_\_\_\_

Bank Reference: \_\_\_\_\_

Account Number: \_\_\_\_\_

Business References: (Name, Address, Phone number)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

A reasonable attorney fee will be charged on any account processed for collection. I (we) certify that the above information is true and correct.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please print this form and Please Print Clearly and Fax To: (813) 659-3483