

NEW CUSTOMER CREDIT APPLICATION FORM

Company Name: _____ Phone: _____

Trade Name / Doing Business As (DBA): _____

Business Address: _____

City: _____ State: _____ ZIP Code: _____

Billing Address (if different): _____

City: _____ State: _____ ZIP Code: _____

Business Information:

Type of Business (Corporation, LLC, Partnership, Sole Proprietor): _____

Date Business Established: _____ Federal Tax ID / EIN: _____

State of Formation: _____

Number of Employees: _____

Principal/Owner Information:

Full Name: _____

Title/Position: _____

Home Address: _____

Phone: _____ Email: _____

Bank References:

Bank Name: _____

Bank Address: _____

Phone: _____ Account Number: _____

Trade References:

Company Name 1: _____

Contact Name: _____ Phone: _____

Company Name 2: _____

Contact Name: _____ Phone: _____

Company Name 3: _____

Contact Name: _____ Phone: _____

Credit Requested:

Credit Amount Requested (USD): _____

Purpose of Credit: _____

Terms and Conditions:

Applicant represents that all information provided in this application is true and correct. Applicant authorizes the Company to obtain credit reports and verify all information provided. Applicant agrees to pay all invoices according to the agreed payment terms. Applicant agrees that any unpaid balance shall accrue interest at the maximum rate permitted by law. Applicant agrees to pay all collection costs and attorney fees in the event of default. This agreement shall be governed by the laws of the state in which the Company is headquartered. Any disputes arising under this agreement shall be resolved in the appropriate state or federal courts.

Certification and Authorization:

By signing below, Applicant certifies that the information provided herein is accurate and complete. Applicant authorizes release of credit information to the Company and its agents. Applicant understands and agrees to the Terms and Conditions stated above.

APPLICANT'S SIGNATURE

COMPANY REPRESENTATIVE

Signature: _____

Signature: _____

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