



APPLICATION FOR CREDIT

COMPANY NAME: _____
 TRADE NAME (IF ANY): _____
 MAILING ADDRESS: _____
 CITY, STATE, ZIP: _____
 PHONE: OFFICE: _____ FAX: _____
 FEDERAL TAX ID # _____
 TYPE OF BUSINESS: CORPORATION__ PARTNERSHIP__ PROPRIETORSHIP__ LLC__ OTHER__

BANKING REFERENCE INFORMATION

BANK NAME: _____
 ADDRESS: _____
 PHONE: _____ FAX : _____
 ACCOUNT # _____

TRADING REFERENCES:

1. NAME: _____
 ADDRESS: _____
 PHONE: _____ FAX: _____

2. NAME: _____
 ADDRESS: _____
 PHONE: _____ FAX: _____

3. NAME: _____
 ADDRESS: _____
 PHONE: _____ FAX: _____

IN MAKING THIS APPLICATION FOR CREDIT, THE CUSTOMER AGREES TO PAY ALL INVOICE WITHIN 30 DAYS (2% 10 DAYS) AND TO PAY A SERVICE CHARGE OF 1 ½ % PER MONTH, WHICH IS AN ANNUAL PERCENTAGE OF 18% ON ALL OVERDUE BALANCES.

 SIGNATURE TITLE DATE