



APPLICATION FOR CREDIT

Tax ID # _____

FROM

Billing Name	(____) _____ Telephone Number	(____) _____ Fax Number	
Billing Street Address	City,	State	Zip
Shipping Street Address	City	State	Zip
Number of Years at Billing Address	Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/>	Email Mail Address	

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL AND WILL BE HELD IN STRICT CONFIDENCE

OWNER

Individual Partnership Proprietorship Corporation How Long in Business

Name	Address	City	State	Zip Code
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Amount of Credit Required _____ *Terms Desired* _____

FINANCE

Bank Name	(____) _____ Telephone Number
Bank Address	Account Representative
City, State, Zip	(____) _____ Fax Number
Checking Account Number	

REFERENCE

	#1	#2	#3
Name:	_____	_____	_____
Address:	_____	_____	_____
City, St, Zip:	_____	_____	_____
Telephone:	_____	_____	_____
Fax:	_____	_____	_____

AGREEMENT

Applicant(s) hereby give permission to verify and/or supplement the information-stated heron. By your signature, you hereby authorize us to obtain a credit report from a credit rating bureau. All such information will be held confidential.

Our firm is financially able to meet any commitments made, and we will pay your invoices according to your credit terms. Should it become necessary to bring collection proceedings against our firm, we agree to pay, not only the past due balance, but also any reasonable and customary expenses incurred in the collection process, including but not limited to, collection agency fees, attorney fees and court costs.

Print Name/Owner/Corporate Officer/Partner	Signature	Date
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