



Credit Application

Company Name _____ Billing Name _____
Address _____ Address _____
City, State, Zip _____ City, State, Zip _____
Phone (____) _____ Phone (____) _____

OWNERSHIP:

____ Proprietor _____ Partnership _____ Corporation _____ Franchise
Please check here if new business _____

List below name of owner, or owners:

Name	Social Security Number	Home Address	Phone
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_____	_____	_____	_____
_____	_____	_____	_____

CORPORATION: What State _____ When _____

President: _____ Phone Number: _____

Home Address _____

President: _____ Phone Number: _____

Home Address _____

President: _____ Phone Number: _____

Home Address _____

Dun & Bradstreet: How Listed: _____ Rating: _____

BANK REFERENCE: _____ Checking Acct. No. _____

Address: _____ Contact: _____

Phone Number: (____) _____

REFERENCES: (Please include City, State and Phone Number)

1. _____

2. _____

3. _____

Person to contact concerning payment: _____

Phone Number: _____

STATEMENT OF RESPONSIBILITY

All accounts are due and payable net ____ from delivery date. If an account is not paid in full by net ____ from delivery date the unpaid balance shall bear interest at the rate of one and one-half percent per month on the unpaid balance is an annual percentage rate of 18%.

Company Name: _____

Signature of Authorize Official: _____

Date: _____