



CUSTOMER APPLICATION FOR CREDIT

COMPANY NAME: _____ FEDERAL ID# ____ - _____

ADDRESS (PHYSICAL) _____ DATE STARTED _____

ADDRESS (MAILING) _____

CITY/STATE/ZIP _____

PHONE () ____ - ____ / FAX () ____ - ____

COMPANY TYPE: CORPORATION – WHERE _____
PARTNERSHIP
LIMITED PARTNERSHIP
PROPRIETORSHIP

TRADE REFERENCES – company name / address / phone number / contact

- 1) _____
- 2) _____
- 3) _____

BANK REFERENCES – bank name / address / phone number / banking contact

- 1) _____

By signing this application I understand and do agree that if credit is extended and it should be necessary to place my account for collection, I/we agree to pay all collection costs and attorney fees. I/we also agree that if part payments are made or no payment on the account within the terms specified that you have the right to assess and I/we agree to pay a “finance charge” computed by applying a monthly rate of 1.5% or a minimum of \$23.00 to the past due balance, or an annual percentage rate of 18%.

Applicant Signature _____

Applicant name (printed) _____

Date _____