

CREDIT ACCOUNT APPLICATION

FORM MUST BE FILLED OUT COMPLETELY OR IT WILL BE RETURNED TO YOU

EXACT LEGAL NAME _____

TYPE OF ORGANIZATION:

D/B/A _____

___ PROPRIETORSHIP ___ LLC

STREET ADDRESS _____

___ PARTNERSHIP ___ LTD. CORPORATION

CITY/STATE/ZIP _____

___ LTD PARTNERSHIP ___ CORPORATION

PHONE # () _____

___ OTHER

FAX # () _____

NUMBER OF YEARS IN BUSINESS _____

BUILDING IS ___ OWNED (OR) ___ LEASED

NUMBER OF LOCATIONS _____

IF LEASED, DATE LEASE EXPIRES _____

FEDERAL ID. # _____

FULL NAME OF PRINCIPAL (S) – LIST HOME ADDRESS AND RESIDENTIAL TELEPHONE

SALES TAX EXEMPTION # _____

NAME

ADDRESS

RESIDENTIAL PHONE

NAME OF PERSON TO CONTACT REGARDING
PAYMENT _____

PRIMARY BANK REFERENCE:

NAME OF BANK _____ ADDRESS _____

CITY/STATE/ZIP _____ BANK OFFICER _____

PHONE # _____

ACCOUNT NUMBERS:

OTHER BANKS & ADDRESSES

_____ CHECKING SAVINGS

_____ CHECKING SAVINGS

TRADE REFERENCES:

NAME

ADDRESS

PHONE

CREDIT EXTENDED BY CREDITOR INCLUDES ALL D/B/A'S SUBSIDIARIES, DIVISIONS AND AFFILIATES. ALL TRANSACTION DOCUMENTS ARE DEEMED A PART OF THIS CREDIT ACCOUNT APPLICATION. CREDITOR MUST RECEIVE PROVEN OVERNIGHT WRITTEN NOTIFICATION OF ANY CHANGE IN THIS DOCUMENT. WITHOUT PROVEN RECEIPT BY CREDITOR OF A 45-DAY PRIOR WRITTEN NOTICE OF SELLING OR TRANSFERRING ASSETS OUTSIDE THE NORMAL COURSE OF BUSINESS OR CEASING OPERATIONS, THE TRANSFEREE INCURS LIABILITY AND APPLICANT BECOMES PERSONALLY LIABLE. UPON BREACH, MONTHLY INTEREST OF 1 1/2%, COLLECTION COSTS AND ATTORNEY FEES APPLY. ALL CLAIMS ARE VOID UNLESS SUBMITTED IN WRITING WITHIN FOURTEEN DAYS OF SHIP DATE. CREDITORS' LIABILITY IS LIMITED TO CREDIT OR REPLACEMENT OF PRODUCT AND SERVICES.

AUTHORIZED SIGNATURE

DATE

PRINT NAME

PRINT TITLE

PLEASE SUBMIT MOST RECENT BALANCE SHEET AND OPERATING STATEMENT WITH THIS APPLICATION