



Credit Application

Tax Id Number
(If Individual, please list Social Security Number):

Company Name: _____ Contractors License# _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone Number:() --- _____ Fax Number:() --- _____

Type Of Business:(Check One) _____ Corporation _____ Individual _____ Partnership

How Long In Business?: _____ Purchase Order Required?: _____ Yes _____ No

Amount Of Credit Desired?: _____ Listed With D&B?: _____ Yes _____ No

Tax Exempt?: _____ Yes _____ No If Yes, Tax Exemption Number: _____

Bank Referances:

Name: _____ Branch: _____ Phone: _____

Name: _____ Branch: _____ Phone: _____

<input type="checkbox"/>	Savings
<input type="checkbox"/>	Checking
<input type="checkbox"/>	Savings
<input type="checkbox"/>	Checking

Please List Authorized Signers For Your Account: (Other Than Yourself)

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

It is hereby certified that the statements in this application are true and complete. By the signiture below, the purchaser hereby agrees to pay all invoices when they become due or payable pursuant to the terms of sale. It is further agreed to pay a FINANCE CHARGE of 1 1/2% per month,which is a PER ANNUAL rate of 18% on past due balances of 30 Days or More. The purchaser agrees to pay all collection costs, plus reasonable attorney fees whether or not legal action is commeneded for non-payment.

Signed Date

I hereby authorize the financial institutions & other references listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signed Date

*No cash refunds, credits on account good for six (6) months.

Credit References: Please fill out all info below:

Name Address Phone

1- _____

Fax: _____

2- _____

Fax: _____

3- _____

Fax: _____

4- _____

Fax: _____