Credit Application

*** *Please Print Clearly* ***

Company Name: _____

Street Address: _____

City, State, ZIP Code: _____

Phone: _____ Fax: _____

Type of Ownership: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship

Principle Owners' Names: _____

Application for credit is made and the following references are given. It is understood that this information will be held in the strictest confidence and used only by your Credit Department.

CHECKING ACCOUNT	**SAVINGS ACCOUNT**
Bank Name: _____	Bank Name: _____
Street Address: _____	Street Address: _____
City, State, ZIP Code: _____	City, State, ZIP Code: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Account Number: _____	Account Number: _____

CREDIT REFERENCES

Account Number (If Applicable): _____
Name: _____
Street Address: _____
City, State, ZIP Code: _____
Phone: _____ Fax: _____

Account Number (If Applicable): _____
Name: _____
Street Address: _____
City, State, ZIP Code: _____
Phone: _____ Fax: _____

Account Number (If Applicable): _____
Name: _____
Street Address: _____
City, State, ZIP Code: _____
Phone: _____ Fax: _____

Account Number (If Applicable): _____
Name: _____
Street Address: _____
City, State, ZIP Code: _____
Phone: _____ Fax: _____

CREDIT TERMS: NET 30 DAYS

I/We understand the above Credit Terms and agree to comply with these terms. If I/We fail to comply with the above terms, I/We agree to pay all costs of collection of my account balance, including attorney's fees and court expenses.

Signature: _____ Title: _____ Date: _____

FOR CREDIT DEPARTMENT USE ONLY

☐ Credit Refused   Reason for Refusal: _____

☐ Credit Approved   Credit Limit: _____

Customer Code: _____   Signature: _____   Date: _____