

# CREDIT APPLICATION FORM



## BUSINESS CONTACT INFORMATION

Company Name		Company Address	
Company Phone		City, State ZIP Code	
Owner/Representative Name		How long at current address?	
Cell		Owner/Representative #2 Name	
E-mail		Email or Phone #2	

## BUSINESS AND CREDIT INFORMATION

Tax ID #		Primary Bank Name	
		Primary Bank Address	
<input type="checkbox"/> Partnership / LLC	<input type="checkbox"/> Sole Proprietorship	City, State ZIP Code	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Other	Account Number	
		Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

## BUSINESS & TRADE REFERENCES

Company Name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of Account		Largest Balance \$	
Company Name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of Account		Largest Balance \$	
Company Name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of Account		Largest Balance \$	

## AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize us to make inquiries into the banking and business/trade references that you have supplied.
3. In the event of unpaid invoice(s) we may use an outside agency (**Tucker, Albin & Associates**) to collect on the debt. Customer agrees to pay all costs associated with the collection of a delinquent balance, including collection agency fees, reasonable attorney fees and court costs. Collection agency fees will be charged at the percentage paid to the agency, up to 25%. There will also be a 1.5% interest charge per month on late invoices.

## SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	