



DATE \_\_\_\_\_

**CREDIT INFORMATION**

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
TELEPHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_  
TYPE OF OWNERSHIP: CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_  
PRINCIPLE OWNERS: \_\_\_\_\_ POSITION: \_\_\_\_\_  
\_\_\_\_\_ POSITION: \_\_\_\_\_  
\_\_\_\_\_ POSITION: \_\_\_\_\_  
NATURE OF BUSINESS: \_\_\_\_\_ HOW LONG IN BUSINESS: \_\_\_\_\_  
PURCHASE ORDER NO. REQUIRED: YES \_\_\_\_\_ NO \_\_\_\_\_ SALES TAX: YES \_\_\_\_\_ NO \_\_\_\_\_  
STATE RESALE NO: \_\_\_\_\_ CITY RESALE NO: \_\_\_\_\_  
NAME OF BANK: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_  
PERSON TO CONTACT: \_\_\_\_\_

**BUSINESS REFERENCE**

1. NAME: \_\_\_\_\_ 2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_ FAX: \_\_\_\_\_  
3. NAME: \_\_\_\_\_ 4. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_ FAX: \_\_\_\_\_

**CREDIT TERMS:**

**I the undersigned, personally acknowledge full responsibility for payment of any and all charges made against the above account. If such payment is not made within the agreed terms, I will be responsible for and hereby agree to pay any court costs and attorney fees involved in the collection process. This agreement shall be binding upon the parties, their successor, assigns and personnel representatives.**

**I/We certify that all the information of this form is correct. I/We fully understand your credit terms and agree to the proper payment in consideration of the extended credit.**

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_