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# CUSTOMER CREDIT APPLICATION

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 \_\_\_\_\_ Year Established: \_\_\_\_\_  
 \_\_\_\_\_ Federal I.D. No. \_\_\_\_\_  
 # of Years in Business: \_\_\_\_\_ D&B #: \_\_\_\_\_

Business Type: Corporation  Partnership  Sole Proprietor  Other  (Please identify \_\_\_\_\_)

Nature of Business: \_\_\_\_\_

**Company Officers:**

Officers Names	Title	Address & Phone

Accounts Payable Contact	Phone

**Bank References:**

Name of Bank	Contact Person	Phone

**Business References:**

Name of Business	Contact Person	Address & Phone

Terms are Net 30 Days. **ACCOUNTS PAST DUE ARE ASSESSED A SERVICE CHARGE OF 1½% PER MONTH ON THE UNPAID BALANCE.** Equivalent rate per annum is 18%. Financial statements may be requested. All information contained in financial statements will be kept confidential. The undersigned agrees to pay all penalties, service charges, reasonable attorney fees, court costs/fees incurred in the collection of their past due account of the maximum amount allowed by law.

SIGNATURE OF GUARANTOR SOCIAL SECURITY # DATE

PRINT OR TYPE NAME OF GUARANTOR TITLE

FOR OFFICE USE ONLY		COMMENTS:
CREDIT APPROVED	AMOUNT \$	
APPROVED BY		

