



CREDIT APPLICATION

Company Name: _____

Contact: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

E-mail: _____

Type of Business: _____ In Business Since: _____

Form of Business: Corporation LLC Partnership Sole Proprietor

Name of individual with authorization: _____

To whose attention should invoices be sent? _____

Is your work taxable? _____ If not, please attach signed certificate and list your tax exempt or resellers number:

Trade References (Please list name, address, phone number, and account number of three references. Do not list credit cards.)

Our terms are net 10 days. Accounts not paid in this time frame could be charged 1.5% interest per month and future service will be on a C.O.D. basis until the account is current. Should collection or legal action be required to collect past dues, fees for such action will be added to your account.

Print Name: _____ Title: _____

Signature: _____ Date: _____