



# Credit Application

Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City / Zip: \_\_\_\_\_ City / Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Fed. ID: \_\_\_\_\_

## Principals

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

## Bank References

**Savings Bank:** Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

**Checking Bank:** Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

## Supplier / Commercial References *(2 must be local & active)*

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
4. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Amount of Credit Requested:** \_\_\_\_\_

**Annual Sales:** \_\_\_\_\_

I hereby certify that all statements accompanying and contained in this application are true and made for the purposes of obtaining credit and in consideration of \_\_\_\_\_ selling to me or my agent(s), I agree to the following terms:

1. To pay the account in full by 30 days after invoiced.
2. To pay service charge for the late payment at an annual percentage rate of 18%.
3. If the account is placed for collection, I agree to pay all reasonable charges for collection, including attorney's fees. I further agree that a charge of 25% of the claim shall be considered reasonable as an attorney's fee and 30% of the claim shall be considered reasonable as a collection fee.
4. The undersigned authorized any credit investigation needed for action on this credit application and hereby indemnify the above company and Trade Credit Corporation, from any liability resulting from their credit survey. It is also acknowledged and agreed that accounts receivable information may be reported by the company to various consumer and commercial credit agencies.

## EXECUTED AS A SEALED INSTRUMENT

**Acct. Name:** \_\_\_\_\_

By: \_\_\_\_\_ By: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

*If you are sales tax exempt please fax us a copy of your resale certificate.*