



AGENT # \_\_\_\_\_

TERMS: NET 30 DAYS

# APPLICATION FOR CREDIT

COMPANY NAME: \_\_\_\_\_

SHIP TO NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

FAX: ( ) \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

EXPECTED SIZE OF ORDERS:

FREQUENCY OF ORDERS: \_\_\_\_\_

POUNDS: \_\_\_\_\_

DOLLARS: \_\_\_\_\_

PERSON RESPONSIBLE FOR PURCHASING: \_\_\_\_\_

PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE: \_\_\_\_\_

BANK REFERENCE: NAME: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PERSON TO CONTACT: \_\_\_\_\_

LOAN OFFICER: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

## TRADE REFERENCES:

NAME: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX: ( ) \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX: ( ) \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX: ( ) \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX: ( ) \_\_\_\_\_

**\*PLEASE ATTACH YOUR TAX EXEMPTION CERTIFICATE AND RETURN TO US.**

We agree to pay all expenses, court costs and attorney fees and other expenses of litigation of preparation therefore resulting from our default in the payment of the purchase price or otherwise.

We certify that all the information on this form is correct; and that we fully understand and agree to the terms and conditions of sale as specified above, and agree to the proper payment in consideration of extended credit. All accounts 51 days due will become COD until the account is brought current.

SIGNED \_\_\_\_\_  
(full name of firm)

BY \_\_\_\_\_  
(officer/owner) (title)