



# Credit Application

Terms Net 30

Date \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Delivery address if different from above \_\_\_\_\_

**Invoices** (MUST FILL OUT THIS SECTION)

Please send my Invoices to the following person \_\_\_\_\_ by Fax \_\_\_\_\_ or E-mail \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**Statements** (MUST FILL OUT THIS SECTION)

\_\_\_\_ Please email my statement \_\_\_\_\_

\_\_\_\_ Please fax my statement # \_\_\_\_\_ I do not need a statement

Type of Business \_\_\_\_\_ Years in Business \_\_\_\_\_ Own or Rent

Contact Name \_\_\_\_\_ A/P Contact \_\_\_\_\_

Contact email \_\_\_\_\_ A/P email \_\_\_\_\_

**Principles:**

President or Owner \_\_\_\_\_ Partner \_\_\_\_\_

Vice President \_\_\_\_\_ Manager \_\_\_\_\_

Requested Credit Line \_\_\_\_\_ Tax Exempt # \_\_\_\_\_

Are you tax exempt on the items you buy from us. Yes No

\*\*Please send in the appropriate sales tax exemption form if you are tax exempt.

**References:**

Bank \_\_\_\_\_ Ph.# \_\_\_\_\_ Fax# \_\_\_\_\_ Acct.# \_\_\_\_\_

Supplier \_\_\_\_\_ Ph.# \_\_\_\_\_ Fax# \_\_\_\_\_ Acct.# \_\_\_\_\_

Supplier \_\_\_\_\_ Ph.# \_\_\_\_\_ Fax# \_\_\_\_\_ Acct.# \_\_\_\_\_

Supplier \_\_\_\_\_ Ph.# \_\_\_\_\_ Fax# \_\_\_\_\_ Acct.# \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Position \_\_\_\_\_ Sales Rep. \_\_\_\_\_



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Date: \_\_\_\_\_

**For Internal Use Only**

**Bank References:**

Checking account Yes / No

Date opened: \_\_\_\_\_

In good standing? Yes / No

If No Explain \_\_\_\_\_

Number of NSF in current year. \_\_\_\_\_

Established line of credit? Amount: \_\_\_\_\_

Average daily balance. \_\_\_\_\_

Savings account Yes / No

Date opened: \_\_\_\_\_

In good standing? Yes / No

If No Explain \_\_\_\_\_

Average daily balance. \_\_\_\_\_

**Credit Dept.**

Accounts, do they pay on time? Yes / No

Have they had balances past due 90 days or longer? Yes / No

Frequency \_\_\_\_\_

Amounts \_\_\_\_\_