



Company Name:

Tax ID Number:

Phone:

Fax:

Company Address:

Accounts Payable Contact:

Fax:

Email:

Estimated Annual Sales

Circle one:

Incorporated

Partnership

Sole Proprietorship

Authorized Purchasers:

PO Number Required:

Y or

N

Preferred Method of Delivery for Invoices:

Email

Fax

Owners, Principals, and Officers

Name:

Title:

Address:

Phone:

SSN:

Name:

Title:

Address:

Phone:

SSN:

Trade References

Company Name:

Phone:

Fax:

Contact:

Credit Limit:

Terms:

Company Name:

Phone:

Fax:

Contact:

Credit Limit:

Terms:

Company Name:

Phone:

Fax:

Contact:

Credit Limit:

Terms:

Bank References

Bank:

Address:

Phone:

Circle One:

Checkings

Savings

Account Number:

All Invoices will be emailed or faxed. Outstanding balances are subject to 1.5% per month interest. The undersigned authorizes and releases all banks, persons, and companies listed on this application to furnish information and authorizes the checking of credit. The undersigned agrees to pay all collection costs, court costs, and legal fees incurred to collect delinquent balances.

Name:

Title:

Date:

Personal Guarantee

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for 5 years from the date of this application. The undersigned expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

Name:

Date:

Name:

Date: