



CREDIT APPLICATION

<u>BILLING ADDRESS</u>	<u>SHIPPING ADDRESS</u>
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY _____	CITY _____
STATE _____ ZIP CODE _____	STATE _____ ZIP CODE _____
PHONE () _____	PHONE () _____
FAX# () _____	FAX# () _____
DATE ESTABLISHED ____/____/____	_____ CORPORATION (STATE IN WHICH INCORPORATED ____)
FED ID# (COMPLETE W9 FORM) _____	_____ LIMITED LIABILITY CORPORATION (LLC)
TAX EXEMPT # (COMPLETE EXEMPTION FORM) _____	_____ PARTNERSHIP _____ SOLE PROPRIETORSHIP
LINE OF BUSINESS _____	D&B# _____
PURCHASING CONTACT PERSON _____	TITLE _____
SALES CONTACT PERSON _____	
ACCOUNTS PAYABLE CONTACT PERSON _____	

IF BRANCH OF DIVISION, LOCATION OF HOME OFFICE _____

BANK REFERENCE

BANK _____ BRANCH _____ PHONE () _____

CHECKING ACCOUNT# _____ BANK CONTACT PERSON _____

NAMES OF OWNERS, PARTNERS, OR OFFICERS

NAME	TITLE	RESIDENCE ADDRESS
_____	_____	_____
_____	_____	_____

MAJOR SUPPLIERS

NAME	ADDRESS (CITY/STATE/ZIP)	PHONE NUMBER/FAX NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

Customer herein agrees that in the event custom shall default upon payment for purchase of any goods, customer will pay a reasonable attorney's fee, plus any costs of collection, necessitated by such default. Such attorney's fee and costs shall be due and payable whether or not suit is required to collect such account. It is the intent and purpose o this understanding that the customer will be responsible for all reasonable fees and costs incurred by seller in the event customer fails to pay for any and all goods and customer's account is therefore placed in collection. There will be a 1 ½% interest charged on all balances past due and/or accounts placed in collections.

AUTHORIZED SIGNATURE _____

TITLE _____ DATE _____