

CREDIT APPLICATION for Commercial Accounts

PLEASE NOTE: WHEN ALL INFORMATION HAS BEEN RECEIVED YOU WILL BE NOTIFIED BY LETTER.
PLEASE ALLOW THREE TO FOUR WEEKS. **THANK YOU.**

LEGAL NAME OF YOU COMPANY _____

DATE STARTED BUSINESS _____

ADDRESS _____
STREET

PHONE (____) _____

CITY _____ STATE _____ ZIP _____

FAX (____) _____

EMAIL _____

CORPORATION PARTNERSHIP OTHER EXPLAIN _____

PRINCIPAL(S) _____

WHO AUTHORIZES PAYMENTS _____

YOUR BANK _____

ADDRESS _____

BANK ACCOUNT # _____

DO YOU HAVE A LINE OF CREDIT WITH YOUR BANK OR ANY BANK? YES NO

THE UNDERSIGNED, HAVING AUTHORITY TO PURCHASE WITH AFORMENTIONED CREDIT CARD, DOES HEREBY CONSENT TO CHARGES ON SAID CREDIT CARD, WHEN CHANGES EXCEED EQUIPMENT NORMAL CREDIT TERMS, BASED UPON DISCRETION OF STORE'S MANAGEMENT.

MASTERCARD VISA DISCOVER AMERICAN EXPRESS

CREDIT CARD # _____ EXPIRATION DATE _____

AUTHORIZED SIGNATURE _____ PLEASE PRINT NAME _____

AMOUNT OF CREDIT YOU ARE APPLYING FOR

\$ _____

LIST ALL PERSONS THAT WILL BE ALLOWED TO CHARGE ON YOUR ACCOUNT

IS YOUR COMPANY TAX EXEMPT? YES NO

IF YES, WHAT IS YOUR TAX EXEMPT NUMBER # _____

DOES YOUR COMPANY REQUIRE A P.O.? YES NO

DOES YOUR COMPANY REQUIRE A JOB NUMBER? YES NO

(Remember that you will be responsible for any purchases that are incurred as long as they are on this list.)

PERSONAL GUARANTEE: In consideration of extending credit to the above named company, the undersigned guarantees personally and on behalf of the business the payment of such sums of money as may become due for any goods or services furnished or sold to such company. If suit is filed to enforce the payment of any sums that becomes due, the undersigned agrees to pay reasonable attorney fees and cost of suit. The undersigned acknowledges receipt of a copy of this guarantee.

OWNER / OFFICER _____

DRIVER'S LICENSE _____

SIGNATURE _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____

SPOUSE _____ DATE _____

