



ACCOUNT APPLICATION

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Date Received _____ / _____ / _____

PLEASE PRINT or TYPE CLEARLY and PROVIDE ALL INFORMATION REQUESTED. FILL IN ALL BLANKS. IF NOT APPLICABLE, ENTER N/A.

GENERAL INFORMATION:

Applicant Name: _____ Phone: () _____
 Street Address (No P.O. Boxes): _____ City: _____ State: _____ Zip: _____
 Billing Address (If Different): _____ City: _____ State: _____ Zip: _____
 Accounts Payable Representative: _____ Phone: () _____
 If Subsidiary, Home Office: _____ Address: _____
 Type of Trade: _____

FORM OF ORGANIZATION:

Corporation Partnership Proprietorship What year was your organization established? _____
 If a Corporation, Registered Agent's Name: _____ Phone: () _____
 Address: _____ City: _____ State: _____ Zip: _____

OWNER, PARTNERS OR OFFICERS:

1. Name: _____ Title: _____ So. Sec.#: _____
 Address: _____ City: _____ State: _____ Zip: _____
 2. Name: _____ Title: _____ So. Sec.#: _____
 Address: _____ City: _____ State: _____ Zip: _____

PURCHASING INFORMATION:

1. Purchase Orders Required? Yes No
 2. Please estimate monthly purchases : \$ _____ Buyer: _____ Phone: () _____
 3. Do you have any special accounting needs (specified signers, invoices mailed, etc.)? _____

BANK REFERENCE:

Bank: _____ Contact Person: _____ Phone: () _____ FAX: () _____
 Address: _____ City: _____ State: _____ Zip: _____
 Account: Loan # _____ Checking # _____ Savings # _____

LOCAL TRADE OR OTHER REFERENCES WITH CREDIT EXPERIENCE: (Registered Businesses Only)

1. Name: _____ Account #: _____ Phone: () _____ FAX: () _____
 Address: _____ City: _____ State: _____ Zip: _____
 2. Name: _____ Account #: _____ Phone: () _____ FAX: () _____
 Address: _____ City: _____ State: _____ Zip: _____
 3. Name: _____ Account #: _____ Phone: () _____ FAX: () _____
 Address: _____ City: _____ State: _____ Zip: _____

By signing this credit application, your organization agrees to pay all balances promptly within 30 days. Your organization will be responsible for all legal fees associated in collection of any debts left unpaid, including but not limited to collection agency fees and attorney fees.

Signature of Authorized Officer, Partner or Owner

Title

Print or type name

Date