



NEW ACCOUNT – CREDIT APPLICATION

Company Name: _____ Date: _____

Street: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Type of Business: _____

Accounts Payable Contact: _____

Purchasing Contact: _____

Bank Information: _____
(Name/Branch) (Phone) (ABA #)

TRADE REFERENCES FOR OPEN ACCOUNT STATUS: (Must provide three)

1) Name: _____ Phone: _____

Address/City/ST/Zip: _____

Terms: _____ Fax: _____

2) Name: _____ Phone: _____

Address/City/ST/Zip: _____

Terms: _____ Fax: _____

3) Name: _____ Phone: _____

Address/City/ST/Zip: _____

Terms: _____ Fax: _____

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms.
Applicant agrees to pay reasonable attorney and collection fees in case of default in payments in compliance with our terms. TERMS:
Net 30 days, 1 ½% service charge WILL be added to all past due balances. Insufficient funds checks will result in a \$25.00 service charge.

Signed: _____ Title: _____ Date: _____

Print: _____

Signed: _____ Title: _____ Date: _____

Print: _____