



Net 30 Terms Credit Application

Date: ____/____/____ Anticipated Annual Purchases: \$ _____ Requested Credit Limit: \$ _____

Business Information

Company Legal Name: _____

Trade Name - d/b/a: _____ D&B # _____

Billing Address:

Shipping Address:

Tax Exempt? Yes No - Include a copy of your Tax Exemption Certificate(s) If you've selected yes

Are Purchase Orders used to place orders? Yes No

If no, how are authorized orders sent? _____

Type of Business: Manufacturer/OEM Reseller / Dealer / Distributor Marketing Rep
 Other: _____

Type of Ownership: "C" Corporation "S" Corporation Limited Liability
 Private Publicly Held Non-Profit Sole Proprietor

State of Incorporation/Registration: _____ Year: _____ Tax Payer ID# _____

Company Contact Information

Name of Primary Accounts Receivable Contact _____ Email _____

Ph #: (_____) _____ - _____ Fax #: (_____) _____ - _____

Other contacts names & Email address:

President/General Mgr: _____ Email: _____

Purchaser/Buyer: _____ Email: _____

Accounting Controller: _____ Email: _____

Bank Account Reference Information:

Bank Name: _____ Account #: _____

Address: _____ Representative: _____

Ph #: (_____) _____ - _____ Fax #: (_____) _____ - _____

Standard Payment Method: Check ACH/Wire Transfer Credit Card (Net 30 by CC requires pre-authorization)

Trade References: (Please provide additional references as needed on a separate page)

Please consider alerting your trade credit references that you have listed them as a credit reference and request they respond as quickly as possible in order to process your application in the shortest time possible.

Name: _____ Account #: _____

Address: _____ Representative: _____

City, State, Zip: _____

Ph #: (_____) _____ - _____ Fax #: (_____) _____ - _____

Name: _____ Account #: _____

Address: _____ Representative: _____

City, State, Zip: _____

Ph #: (_____) _____ - _____ Fax #: (_____) _____ - _____

Name: _____ Account #: _____

Address: _____ Representative: _____

City, State, Zip: _____

Ph #: (_____) _____ - _____ Fax #: (_____) _____ - _____

Authorization and Certification

By signing below, you certify that the information provided above is true and correct to the best of your knowledge. You further authorize us to contact your company's bank and trade references and make credit inquiries report regarding your company's credit limits and payment history or other subjective measures of your company's credit worthiness:

Signed by: _____ Print name: _____

Title: _____ Date: ____/____/____