



CREDIT APPLICATION

Company Name: _____

Contact: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-mail: _____ Type of Business: _____

In Business Since: _____ Is a Purchase Order required? _____

List of authorized contacts and phone numbers:

What emails should invoices and statements be sent to? _____

Is your work taxable? ____ If not, please attach signed certificate

Trade References (Please list name, city, and phone number)

Our terms are net 30 days. Accounts not paid in this time frame will be charged 1.5% interest rate per month and future orders will be on a C.O.D. basis until the account is current. Should collection or legal action be required to collect past dues, fees for such action will be added to your account.

Print Name: _____ Title: _____

Signed by: _____ Date: _____