

CREDIT APPLICATION FOR NET 30 ACCOUNT

Company Name	Type of Business				
Billing Address					
Shipping Address					
City	Sto	ateZip _	Phone	Fax	(
Accounts Payable Phone_					
Year Business Started		Legal Entity: _	Sole	Partnership	Corporation
Name and home address	of Officers, Partn	ers, Owners, o	r other responsible	parties:	
Name	Title	Address		Tel	
Name	Title	Address		Tel	
Name					
Paperless billing	E-r	mail Address			
Trade References:			Trade Referen		
Name:					
Address:					
Phone #:		_	Phone #:		
Fax:					
Account #:			Account #:		
Trade References:			Bank Reference	e	
Name:			Name:		
Address:		_	Address:		
Phone #:		_	Phone #:		
Fax:			Fax:		
Account #:			Account #:		
Read before signing, I/v customer pays all costs o month (18% annum).		Any balance	over 30 days is s		
Signature			Title	Date	
FOR CORPORATION ON In consideration of the ex Signature of OfficerSignature of Officer	tension of credit fo	or goods extend	ded by the seller me Address Address		Date
The officers, do hereby jo the applicant to the seller account owed by any pa	according to the	terms thereof.	In case suit action	n is instituted to collec	t any portion of an

reasonable, including attorney's fees.