

CREDIT APPLICATION



COMPANY INFORMATION

Name:

Billing Address:

City: State: Zip Code:

Shipping Address:

City: State: Zip Code:

A/P Contact:

Phone: Fax:

Business Type: Single Proprietorship Corporation Partnership Other Year Established:

Do You Pay Sales Tax? Yes No Varies By Job If No Provide Exemption Number: (Attach Tax Exemption Certificate)

Trade Reference

| Company | Address | Phone | Fax |
|---------|---------|-------|-----|
| | | | |
| | | | |
| | | | |
| | | | |

Bank Reference

Name:

Address:

Phone: Fax:

Account Number: Point of Contact:

I certify that all statements in this application are true and complete and authorize any credit investigation needed for verification. I hereby agree to the seller's terms and conditions of sale as documented by the seller and agree to make all payments as due. I further agree to pay any and all collection costs and/or attorney's fees involved in the collection of these debts. In addition, I agree to pay 1.5 percent monthly late charges on any due and unpaid balances. Title to all purchases vests in seller until paid in full by purchaser.

Name: Title:

Signature: Date: