

COMMERCIAL CREDIT APPLICATION

DATE: _____

CREDIT REQUESTED: _____

Company: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone: _____ Fax# _____

Name of accounts payable contact: _____ Title: _____

Annual sales: _____ State of incorporation: _____ Year incorporated or registered: _____

Corporation

Partnership

Individual

OWNERSHIP: Name: _____ Address: _____

Title: _____

% Ownership: _____ Telephone: _____

Name: _____ Address: _____

Title: _____

% Ownership: _____ Telephone: _____

TRADE REFERENCES Name: _____ Address: _____

Contact name: _____ Telephone: _____

Name: _____ Address: _____

Contact name: _____ Telephone: _____

Name: _____ Address: _____

Contact name: _____ Telephone: _____

BANK REFERENCES Name: _____ Address: _____

Office: _____

Account No.: _____ Telephone: _____

In consideration for credit being extended, I or we acknowledge and agree to the following: (1) Payment is jointly, severally and unconditionally guaranteed within 30 days of date of delivery, (2) any charges unpaid after the above 30 days are to be increased by 1 1/2% per month; (3) any charges still outstanding after 90 days from date of delivery are subject to collection, and all collection or arbitration expenses, attorneys' fees, and court costs will be paid by the purchaser; (4) title to all work shall remain with the creditor until all invoices and additional charges have been paid in full; (5) all claims, requests for adjustments, or notification of errors must be made within thirty days, or charges are considered accepted; (6) this agreement shall apply to all current and future charges unless revocation is received by registered mail; (7) credit privileges may be withdrawn at any time without invalidating the terms of this agreement.

CREDIT CANNOT BE EXTENDED UNTIL
THIS FORM IS COMPLETED AND VERIFIED

Authorized signature: _____

Title: _____

Date: _____