



## APPLICATION FOR CREDIT

The following information is to be used as a basis for consideration for extension of credit. Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Type: \_\_\_\_\_ Dun & Bradstreet Rating: \_\_\_\_\_  
 Year Established: \_\_\_\_\_ Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Proprietorship: \_\_\_\_\_  
 Related Firms: \_\_\_\_\_ Phone: \_\_\_\_\_

### NAMES OF PRINCIPAL OFFICERS, PARTNERS OR PROPRIETORS:

Name: _____	Title: _____
Home Address: _____	Phone: _____
Name: _____	Title: _____
Home Address: _____	Phone: _____
Name: _____	Title: _____
Home Address: _____	Phone: _____

### BANK REFERENCES:

Name of Bank: _____	Contact: _____	Phone: _____
City: _____	State: _____	Fax: _____
Name of Bank: _____	Contact: _____	Phone: _____
City: _____	State: _____	Fax: _____

### TRADE REFERENCES:

(Provide names of those you purchase from – open accounts.)

Company Name: _____	Phone: _____	Fax: _____
Address: _____	City: _____	State: _____ Zip: _____
Company Name: _____	Phone: _____	Fax: _____
Address: _____	City: _____	State: _____ Zip: _____
Company Name: _____	Phone: _____	Fax: _____
Address: _____	City: _____	State: _____ Zip: _____

### CERTIFICATE

The undersigned represents and warrants that the foregoing Confidential Information and the financial statement of Distributor attached hereto and made apart hereof is a true, correct and complete statement of the assets and liabilities of the undersigned as of the close of business on the \_\_\_ day of \_\_\_\_\_, 20\_\_.

TERMS: Invoices are due and payable in full 30 days from date of invoice. Balances unpaid after 30 days will bear interest at 1.5% per month (being 18% per annum). If finance charge exceeds maximum by law, it will automatically be reduced, with any excess refunded.

Our firm is financially able to meet any commitments we have made and we agree to pay your invoice according to your terms.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Position: \_\_\_\_\_