



Credit Application

Company name: _____ **Address:** _____

City, State, Zip Code: _____

Phone: _____ **Fax:** _____

AP email: _____

Primary Account Contact: _____

Phone: _____

Email: _____

Is a Purchase Order or Job Name Required: Y N

Name of persons allowed to use the account?

- 1. _____ 2. _____ 3. _____
- 4. _____ 5. _____ 6. _____
- 7. _____ 8. _____ 9. _____

Tax Exempt: Y N if Yes, please include a Tax Exempt Certificate

Business References

Name _____ Contact: _____ Phone: _____ Email: _____

Name _____ Contact: _____ Phone: _____ Email: _____

Name _____ Contact: _____ Phone: _____ Email: _____

All invoices are sent the day the contract is closed, payment is expected within 30 days of invoice date. Statements are emailed the 20th day of the month. Late payments are assessed a 1 ½% fee.

I certify that that all the information on this form is correct. I fully understand the credit terms and conditions.

Signature: _____ **Date:** _____

Printed Name: _____

Title: _____