

CREDIT APPLICATION AND AGREEMENT

Legal Name of Company:		
DBA (If applicable):		
Address:		County
City:	State: _	Zip:
Telephone:	F	ax:
Circle One: DBA Partnership Inc	corporated Federal ID#	
Email:	Credit Limit Requested:	
	Owners, Principals and Officers:	
Name:	Phone:	
Address:		
Name:	Phone:	
Address:	SS#:	
	Bank references:	
Name:	Address:	
Phone:	Fax:	
Account#:	Circle Type o	f Account: checking savings
	Trade References:	
Name:	Address:	
Contact:		
Name:	Address:	
Contact:	Phone:	Fax:
Name:	Address:	
Contact:	Phone:	Fax:
investigate this company to the extent they see f reporting agencies to disclose any and all inform stated, all bills become payable Net 30 Days fro service charge of 1% per Month (annual rate of	fit in order to determine credit worthin mation concerning the financial and cr om the date of purchase. If not paid w 12%). No additional credit will be ex- ent. PERSONAL GUARANTEE: The	ne person signing this application, whether signing as an
Authorized Signature:		
Printed Name:	Data	