



**APPLICATION
FOR
CREDIT**

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1025 West Laurel Street
 Suite 104
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PLEASE TYPE OR PRINT. MUST BE LEGIBLE TO PROCESS APPLICATION.

COMPANY NAME:	CREDIT DESIRED:		
LEGAL ENTITY (Individual, Partnership, Corporation):			
RE-SALE NUMBER (If Applicable):	FED TAX ID # or SSN:		
E-MAIL:	PH:	FAX:	
BILLING ADDRESS:	CITY:	STATE:	ZIP:
SHIPPING ADDRESS:	CITY:	STATE:	ZIP:
TYPE OF BUSINESS:	YEARS IN BUSINESS:		

IF CORPORATION - LIST ALL MAJOR OFFICERS (Name, Title, Phone) on back.
IF INDIVIDUAL or PARTNERSHIP - LIST ALL LEGAL OWNERS. If you need more room, please use back.
IF RENTING— LIST LANDLORD name, address and phone number on the back.

NAME:	NAME:
HOME PH:	HOME PH:
ADDRESS:	ADDRESS:

TRADE REFERENCES: (NO Utilities, Oil Companies, Credit Cards, or other companies who will NOT release Credit Information)

NAME:	PH:	FAX:
ADDRESS:	CITY:	STATE:
NAME:	PH:	FAX:
ADDRESS:	CITY:	STATE:
NAME:	PH:	FAX:
ADDRESS:	CITY:	STATE:

BANK:	ACCOUNT NUMBER:
BRANCH:	PH:

TERMS: Accounts are due and payable by the 15th of the month following delivery of merchandise. Accounts unpaid after 30 days are C.O.D. and a service charge of 12% per annum will be charged. When signed by applicant, this application for credit shall constitute a contract for sale on the terms stated above. Should BUYER default one payment and SELLER commences suit or employs an attorney to remedy such default, BUYER shall pay all SELLER's legal fees, legal expenses and court costs, whether or not litigation has commenced. There is a \$10 minimum for pickup/delivery in the downtown area. Outside downtown areas will be subject to a surcharge. We reserve the right to close accounts that do less than \$100 monthly, on average.

PRINTED Name of Owner/Comptroller

SIGNATURE of Same

Dated: