



CREDIT APPLICATION

Credit Amount Requested
\$ _____

Company Name _____ Date: _____
Business Phone _____ Fax No. _____
Mailing Address _____ City _____ State _____ Zip _____
Street Address _____ City _____ State _____ Zip _____
Insurance Agency / Broker _____ Type of Bond _____ Exp Date _____
Bonding Co. _____ Telephone No. _____

Check Appropriate Box:

_____ Sole Proprietorship _____ Partnership _____ Corporation
Date Incorporated _____ State Incorporated _____
Owner / Manager _____ Tel. No. _____

BANK(REFERENCES)

Name _____ Branch _____ Acct. No. _____
Branch Address _____ City _____ State _____ Zip _____

TRADE REFERENCES

Name _____ Tel. No. _____ Fax No. _____
Name _____ Tel. No. _____ Fax No. _____
Name _____ Tel. No. _____ Fax No. _____

Bonding Company _____ Tel. No. _____
Address _____ City _____ State _____ Zip _____
Type of Business: _____

Are there any judgments and/or any legal proceedings pending or threatened? _____

Upon Our Granting of Credit, the Undersigned Agrees:

1. To pay the amount of each invoice within 30 days [and or approved terms] following the date of purchase. After 30 days, a service charge of 1.5% per month will be assessed on the outstanding balance.
2. The undersigned understands that no additional credit will be extended on account when amount is outstanding 40 or more days from the date of the invoice.
3. The undersigned agrees to pay any collection costs and attorney's fees if my account becomes delinquent and is placed for collection.
4. The undersigned authorizes inquiry as to credit information.

CREDIT APPLICATION

Page [2]

We further acknowledge that credit privileges, if granted, may be withdrawn at any time and
We certify the above information to be true.

By _____ Title: _____
Please Print Above Name _____ Date: _____

File: Credit Application - Trade References