

CREDIT APPLICATION



18167 Edison Avenue, Suite B, Chesterfield, MO 63005 • Phone 877-504-3656 • Fax: 636-680-8080

ATTN: Credit Dept.
FAX: (636) 680-8080

CONTACT PERSON _____

COMPANY NAME _____

PHYSICAL
COMPANY ADDRESS _____
Street City State Zip

BILL TO ADDRESS _____
Street City State Zip

SHIP TO ADDRESS _____
Street City State Zip

BUSINESS PHONE _____ BUSINESS FAX _____
(area code) (area code)

DUNS# _____ Tax Id # _____

TYPE OF BUSINESS – Individual Partnership Corporation Government Agency

DATE INCORPORATED _____ (if applicable) STATE OF INCORPORATION _____

DATE BUSINESS STARTED _____ HOW LONG AT PRESENT ADDRESS _____

E-MAIL ADDRESS _____
Person responsible for payment of invoice (normally Accounts Payable) **THIS IS IMPORTANT AS INVOICES ARE EMAILED ONLY.**

E-MAIL ADDRESS _____
Person to contact regarding the order status, questions about the order, etc. **THIS IS IMPORTANT AS ALL CORRESPONDENCE IS DONE VIA EMAIL.**

Website: _____

DO YOU REQUIRE A PURCHASE ORDER? YES NO

OFFICERS OR OWNERS:
PRESIDENT/OWNER _____

SIGNATURE _____

HOME ADDRESS _____

PHONE _____

VICE PRESIDENT/FINANCIAL OFFICER _____

SIGNATURE _____

HOME ADDRESS _____

PHONE _____

LIST ALL PERSONS AUTHORIZED TO CHARGE ON THIS ACCOUNT (IF LEFT BLANK, ANYONE WILL BE ABLE TO PURCHASE ON YOUR ACCOUNT)

I OR WE, THE UNDERSIGNED, AGREE TO COMPLY WITH ALL INVOICE TERMS. I OR WE, HEREBY PERSONALLY GUARANTEE PAYMENT OF ANY INDEBTEDNESS FROM THE APPLICANT. EACH OF US FURTHER AGREES THAT IN THE EVENT OF DEFAULT ON THE ACCOUNT, WE ARE TO PAY REASONABLE COLLECTION COSTS, INCLUDING ATTORNEY'S FEES AND COURT COSTS.

PLEASE READ APPLICATION BEFORE SIGNING.

AUTHORIZED SIGNATURE _____ (must be an officer or owner)

PRINTED NAME _____

TITLE _____

DATE _____

WE MUST HAVE AN ORIGINAL CREDIT APPLICATION IN OUR FILE SO PLEASE ALSO MAIL IN A HARD COPY OF THIS APPLICATION IF YOU HAVE PREVIOUSLY FAXED.

AMOUNT OF CREDIT YOUR COMPANY WANTS APPROVED \$ _____ (must complete)

BANK NAME _____ ACCOUNT NO. _____

ADDRESS _____

Street	City	State	Zip
PHONE # _____		FAX # _____	
(Area code)		(Area code)	
<u>CREDIT REFERENCES:</u>			
1.) _____			
Name of business		Address	
PHONE # _____		FAX# _____	
(Area code)		(Area code)	
ACCOUNT # _____			
2.) _____			
Name of business		Address	
PHONE # _____		FAX# _____	
(Area code)		(Area code)	
ACCOUNT# _____			
3.) _____			
Name of business		Address	
PHONE # _____		FAX# _____	
(Area code)		(Area code)	
ACCOUNT# _____			
4.) _____			
Name of business		Address	
PHONE # _____		FAX# _____	
(Area code)		(Area code)	
ACCOUNT# _____			

**VENDOR FAX#s AND THEIR ACCOUNT #s ARE NECESSARY
TO PROCESS YOUR CREDIT APPLICATION IN A TIMELY MANNER.**

I HEREBY AUTHORIZE THE PERSON OR FIRM TO WHOM THIS APPLICATION IS MADE, ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY SUCH PERSON, TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY CREDIT AND FINANCIAL RESPONSIBILITY. THE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I AGREE TO PAY ALL BILLS WHEN DUE.

(Authorized Signature)