

CREDIT APPLICATION AND AGREEMENT

CUSTOMER NAME: _____

BILLING ADDRESS: _____

CITY _____ ST./PROV: ____ POSTAL/ZIP : _____

PHONE: _____ FAX: _____

PRINCIPALS & SIGNING OFFICER: _____

PROPRIETORSHIP ____ PARTNERSHIP ____ CORPORATION ____

YEAR EST: _____ CREDIT LIMIT REQUIRED: \$ _____

A/P CONTACT: _____ PH: _____

P.O.# REQUIRED _____ FAX: _____

BANKING INFORMATION:

Bank: _____ Branch: _____

Contact: _____ Phone: _____

TRADE REFERENCES

(Please provide at least 3 References)

Company: _____ Phone: _____
Fax : _____

Company: _____ Phone: _____
Fax : _____

Company: _____ Phone: _____
Fax : _____

CREDIT TERMS

It is agreed that all accounts are due within the specified terms listed on the invoice. Failure to settle accounts promptly will be sufficient cause for cancellation. The undersigned agrees that usual credit inquiries will hereby be applied.

Date: _____ Authorized signature: _____

Phone: _____ Title: _____