



CREDIT APPLICATION

BUSINESS NAME		TYPE OF BUSINESS	
ADDRESS		HOW LONG THIS COMPANY IN BUSINESS	
CITY	STATE	ZIP	PHONE
BUSINESS AND TYPE OF OWNERSHIP			
CORPORATION	PARTNERSHIP	LIMITED PARTNERSHIP	INDIVIDUAL
BANKS (telephone number required)		ACCOUNT NUMBERS	
1.		CHECKING <input type="checkbox"/>	LOAN <input type="checkbox"/>
2.		CHECKING <input type="checkbox"/>	LOAN <input type="checkbox"/>

PRINCIPALS IN COMPANY

NAME	ADDRESS	PHONE
1.		
2.		
3.		

CREDIT REFERENCES (Subcontractors or Suppliers)

NAME	ADDRESS	PHONE
1.		
2.		
3.		
4.		

I acknowledge and agree that interest at the rate of 18% per annum will be charged on all balances remaining unpaid after 30 days from the date said amounts are incurred. In the event of default and referral to an attorney or collection agency, I agree to pay all costs of collection including reasonable attorneys fees. I understand that the above information is given for the purpose of obtaining credit and certify that to the best of my knowledge, the above information is complete and accurate as of the date of this application. I hereby authorize release of any required information.

NAME	DATE	CUSTOMER'S SIGNATURE X _____
------	------	------------------------------

OFFICE USE ONLY

CREDIT APPROVED <input type="checkbox"/>	CREDIT LIMIT
CREDIT REFUSED <input type="checkbox"/>	REASON
REMARKS	