



CREDIT APPLICATION AND TERMS (COMMERCIAL/FINANCIAL)

COMPANY NAME:
BILLING ADDRESS:
CITY/STATE/ZIP:
SITE ADDRESS:
CITY/STATE/ZIP:
PHONE: ( ) FAX: ( ) RESALE #

CURRENT RESALE CERTIFICATE TO ACCOMPANY APPLICATION IF APPLICABLE

TAXABLE: YES NO CREDIT LIMIT REQUESTED:

ACCOUNTS PAYABLE CONTACT:

TYPE OF BUSINESS: YEARS IN BUSINESS:

CORPORATION PARTNERSHIP PROPRIETOR

TRADE REFERENCES

Table with 3 columns: NAME, ADDRESS, PHONE. Rows 1, 2, 3.

BANK REFERENCE

Name of Bank:
Address:
Phone #: Contact Person:
Account:

In the interest of good business, it is desirable to establish a policy to avoid misunderstandings. Therefore, we wish to clarify the following:

PAYMENT TERMS: Net 10 Days TERMS OF SALE: Applicant authorizes the creditor to make inquiry of financial and related matters for the purpose of granting credit. In order to encourage prompt payment, a delinquent charge of 18% per annum and/or a \$25.00 late fee may be added to cover the cost of additional handling required. NSF checks will be subject to a \$25.00 fee.

The above information is warranted to be true and I have read and accept credit policy terms outlined above. I agree that in the event additional costs and/or fees are incurred in connection with the collection of my account, I will pay all such fees, including collection costs, attorney fees and all court costs.

Applicant's Name Title:

Signature: Date:

\*\*\*\*\* Allied Security Use \*\*\*\*\*

Date Processed Account # Terms

Approved YES NO By Date

(Attach reason for disapproval)

Credit Limit