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## CREDIT APPLICATION

All information supplied will be used for credit purposes only and will remain confidential. Date **Company Information** Company Name \_\_ Mailing Address \_\_\_\_\_ \_\_\_\_\_\_ Fax ( \_\_\_\_\_\_ ) \_\_\_ Phone ( ) Length of Time in Business \_\_\_\_\_ Nature of Business \_\_\_\_ Corporation Partnership Proprietorship **Business Organization Type:** 1. \_\_\_\_\_\_ Title \_\_\_\_\_ Name(s) of Proprietor or Officers: \_\_\_ Title \_\_\_ \_ Title \_\_\_ \_\_\_\_\_ Applicant's Email \_\_\_\_ Applicant's Name \_\_\_\_ Yes I am the Accounts Payable Officer: No \_\_\_\_\_\_ Branch \_\_\_\_\_ Yes No Purchase Order Number Required? Credit Card Type: VISA® MasterCard® Card Expiry Date \_\_\_\_\_\_ / \_\_\_\_\_ Credit Card Number \_\_\_ Name on Card \_\_\_\_\_ Please note: Overdue invoices will be subject to a 1.5% interest charge per month. Credit card payments must be made at point of sale. References 1. Company Name \_\_\_\_\_ Address \_\_\_\_ Fax \_\_\_\_ Length of Business Relationship \_\_\_\_\_\_ Address \_\_\_\_\_ 2. Company Name \_\_\_\_\_ Phone \_\_\_\_\_\_ Fax \_\_\_\_\_ Length of Business Relationship \_\_\_\_\_ Address 3. Company Name \_\_\_\_ Phone \_\_\_\_\_\_ Fax \_\_\_\_\_ Length of Business Relationship \_\_\_\_\_ I/We make application for open terms and certify that the information given for the purpose of opening this account is true. I/We authorize verification of the above facts. I/We accept the Vendor's privilege to charge interest on all overdue accounts. Signature of Applicant \_\_\_ FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN THE SPACE Date Received \_\_\_ Approved By \_\_\_\_ \_\_\_\_\_ PT Rep. Account Number \_\_\_\_\_