

APPLICATION FOR CREDIT

Your Name: _____ Date: _____ Telephone: _____

LEGAL NAME	ADDRESS	BILLING ADDRESS
OPERATING NAME	CITY	CITY
NAME OF PARENT COMPANY	STATE & ZIP	STATE & ZIP

TYPE OF BUSINESS

CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP FED I.D.# _____

ARE PURCHASES FROM OUR COMPANY EXEMPT FROM SALES TAX? YES NO

IF YES, PLEASE ATTACH THE APPROPRIATE COMPLETED EXEMPTION CERTIFICATE.

PRINCIPALS

TITLE		TITLE		TITLE	
NAME		NAME		NAME	
ADDRESS		ADDRESS		ADDRESS	
CITY	STATE & ZIP	CITY	STATE & ZIP	CITY	STATE & ZIP
TELEPHONE	SOCIAL SECURITY #	TELEPHONE	SOCIAL SECURITY #	TELEPHONE	SOCIAL SECURITY #

TRADE REFERENCES

NAME	ADDRESS	CONTACT	PHONE/FAX
1.			
2.			
3.			

BANK CREDIT REFERENCES

BANK	BRANCH	PHONE
ADDRESS	CITY	STATE ZIP
CONTACT	ACCT NO:	TYPE OF ACCOUNT:

TERMS AND CONDITIONS: NORMAL CREDIT TERMS ARE NET 30 DAYS.

I HAVE READ THE ABOVE TERMS AND CONDITIONS AND BY MY SIGNATURE ACCEPT AND AGREE TO SAID TERMS. I ALSO WARRANT THE ABOVE INFORMATION TO BE TRUE AND HEREBY AUTHORIZE THE INVESTIGATION OF THE ABOVE INFORMATION.

FIRM NAME: _____ BY: _____ TITLE: _____

PLEASE REMIT COMPLETED CREDIT APPLICATION VIA FACSIMILE TO: ACCU-CHEK Accounting New Customer Department 812-951-2262
