Associated Paper

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CREDIT APPLICATION ***Terms: 1% - 10 Days, Net 30*** ***MAJOR CREDIT CARDS ACCEPTED***

Date Established:	Firm Name:	Are there any other names you would be listed under? Please list.
Shipping Address: Billing Address:		Phone Number: Fax Number: 800 Number:
Home Office Address & Phone Number: (if applicable) Website Address:		Full Name of Company Owner/President: E-Mail Address: Full Name of Partner (if applicable):
Please check one: ☐ Individual ☐ Partnership ☐ Corporation		Dun & Bradstreet #
Accounts Payable Contact: E-Mail Address:	Controller: E-Mail Address:	Buyer: E-Mail Address:
Type Business:	How long has company been in business?:	Estimated monthly purchases:
Has the firm or any of its principals ever been bankrupt? If yes, explain.		Preferred payment method (Please select one): ☐ Check ☐ Credit Card ☐ Electronic Funds Transfer

Trade References

Name:	Name:	Name:
Address:	Address:	Address:
Phone #: + Area Code	Phone #: + Area Code	Phone #: + Area Code
Fax #:	Fax #:	Fax #:
Account #:	Account #:	Account #:
Terms:	Terms:	Terms:
Name of Bank:		Fax #:
Street Address:		
Account #:	Bank Phone #:	Name of Bank Officer to Contact:

Applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance with our terms. Applicants agree to pay all indebtedness, obligations and liabilities to the above named company now existing or hereby created or arising. If the applicant fails to make payments as required, the expenses of collection, including reasonable attorney's fees (if service of an attorney is employed to effect collection) shall be imposed. Acceptance of payment in arrears or of partial payment shall not be deemed a waiver of the right to demand prompt payment in full or waiver of any right or remedy the above named company may have on any future occasion. The applicant understands this application may be revoked or rejected by the above named company at any time.

Firm: _____

By: _____
title

By: _____
title

Date: _____