

**APPLICATION FOR BUSINESS CREDIT**

COMPANY NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ CORP \_\_\_\_ PARTNERSHIP \_\_\_\_ LLC \_\_\_\_

**WE DO A CREDIT PROFILE ON THE PRINCIPAL OWNER/OFFICER FOR A BUSINESS ACCOUNT USING EXPERIAN CREDIT SERVICES AND WILL THE FOLLOWING INFORMATION:**

OWNER/OFFICER \_\_\_\_\_ OWNER/OFFICER \_\_\_\_\_

TITLE \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ HOME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**WOULD YOU LIKE TO SIGN UP FOR INTERNET ACCESS TO YOUR ACCOUNT?** \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DO YOU HAVE A PRIMARY CONTRACTOR THAT WILL BE USING THE ACCOUNT? \_\_\_\_\_

NAME: \_\_\_\_\_

\*ARE THERE ADDITIONAL PEOPLE THAT WILL BE AUTHORIZED TO USE THIS ACCOUNT? PLEASE LIST:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*YOU WILL BE RESPONSIBLE FOR UPDATING THIS LIST WITH THE ACCOUNTING DEPARTMENT IF YOU WANT TO ADD OR DELETE SOMEONE. THESE NAMES WILL PRINT ON YOUR INVOICES.

**PLEASE LIST AT LEAST 2 TRADE REFERENCES THAT YOU HAVE DONE BUSINESS WITH IN THE LAST 5 YEARS.**

1. NAME _____	2. NAME _____
ADDRESS _____	ADDRESS _____
CITY _____ STATE _____	CITY _____ STATE _____
TELEPHONE # _____	TELEPHONE # _____

**METHODS OF PAYMENT:** YOU MAY PAY YOUR MONTHLY STATEMENT WITH CASH, CHECK, CREDIT CARD OR MONEY ORDER. ALL PAYMENTS ARE DUE BY THE 10<sup>TH</sup> OF EACH MONTH.

**WILL YOU BE PAYING BY INVOICE OR BY STATEMENT BALANCE?** \_\_\_\_\_

**DISCLAIMER:**

I (WE) UNDERSTAND THAT OUR ACCOUNT IS DUE AND PAYABLE ON THE 10<sup>TH</sup> OF THE MONTH FOLLOWING INVOICING. FURTHER, IF THIS AUTHORIZATION IS ISSUED ON BEHALF OF A CORPORATION, THE UNDERSIGNED IN CONSIDERATION OF YOUR GRANTING CREDIT TO IT PERSONALLY AND INDIVIDUALLY, HEREBY GUARANTEES COMPLETE AND DUE PERFORMANCE OF IT'S OBLIGATIONS AND AGREE TO PAY ALL AMOUNTS DUE TO YOU IN THE EVENT OF DEFAULT. WE AGREE TO PAY OUR ACCOUNT PROMPTLY OR TO PAY INTEREST ON PAST DUE AMOUNT, AT 18% PER ANNUM OR 1.5% PER MONTH COMMENCING WHEN THE PAST DUE AMOUNT EXCEEDS 30 DAYS. IN THE EVENT OF DEFAULT, WE AGREE TO BE RESPONSIBLE FOR ALL LEGAL AND COLLECTION COST REGARDLESS OF THE AMOUNT.

**I (WE) WILL PAY OUR ACCOUNT BY THE 10<sup>TH</sup> OR IN 30 DAYS UNLESS OTHER DEFINITE ARRANGEMENTS HAVE BEEN MADE AND SO STATED THEREON.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE ALLOW 5-7 BUSINESS DAYS FOR THIS APPLICATION TO BE REVIEWED AND PROCESSED. YOU WILL RECEIVE A LETTER IN THE MAIL (OR AN E-MAIL CONFIRMATION) REGARDING THE STATUS AND TERMS OF YOUR ACCOUNT. OR, YOU MAY CALL THE ACCOUNTING DEPARTMENT AT 207-824-2139.