



Credit Application

Individual or
Company Name _____ Phone # _____

Street Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

If Company

Type of Ownership: _____ Corporation _____ Partnership _____ Individual

Principal Owner(s) _____

ABC License # _____ Resale license # _____

Banking Reference

Bank _____ Bank _____

Branch _____ Branch _____

Account # _____ Account # _____

Bank's Phone # _____ Banks Phone # _____

Business Reference

Name _____ Name _____

Address _____ Address _____

Phone # _____ Phone # _____

Credit Terms:

As specified on out invoice, accounts automatically become C.O.D. at 42 days. The undersigned debtor promises to pay finance charges at 2% imposed per month, for failure to comply to the terms of this agreement, together with all cost or expense incurred in collection or any sums due, including court costs and reasonable attorney fees.

Applicant understands that seller will make their usual credit investigation and authorizes applicants bank to release information as desired by seller.

Signature _____ Title _____ Date _____