

Credit Application

Business Name: _____

Address: _____

City/State/Zip: _____

Contact Name: _____ Title: _____

ASI #: _____ PPAI #: _____

Telephone: _____ Fax: _____

Yrs in Business: _____ State Sales Tax ID: _____

Email Address to Send Invoices: _____

Resale: ☐ **Exempt** ☐ **Non-Exempt**

If Exempt, we will require a copy of your Resale Certificate.

Trade References

1. Name: _____ Acct #: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Fax: _____

2. Name: _____ Acct #: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Fax: _____

3. Name: _____ Acct #: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Fax: _____

By signing this form, I give consent to a credit search on my organization both now and at any future date.
I certify that the above information is accurate.

Signature

Title

Date

Note: Past due invoices are subject to an interest charge up to 1.5% per month but not to exceed the law's allowable rate.
Customer is responsible for collection fees on invoices 90 days old.