

CREDIT APPLICATION/COMMERCIAL: (please print clearly)

FIRM _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

FORM OF ORGANIZATION: _____ CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL

HOW LONG IN BUSINESS _____ HOW LONG AT PRESENT ADDRESS _____

PREVIOUS ADDRESS (if above is less than 3 years) _____

CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS _____

CREDIT REFERENCES:

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

BANK REFERENCES:

	NAME	BRANCH	PERSON WHOM YOU DO BUSINESS WITH
1.	_____	_____	_____
2.	_____	_____	_____

PRINCIPALS OF FIRM:

	NAME	ADDRESS	POSITION	PHONE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTICE: The following is provided for your information. Please read the credit plan and do not sign this agreement before you do.

If this THIRTY DAY account is opened I agree:

1. To pay each invoice within thirty (30) days.
2. To pay a 1.5 % service charge on any invoices thirty one days and older.
3. To pay attorney's fees in the event that collection efforts become necessary.

APPROVED _____ Date _____

signature