

# CREDIT APPLICATION



18167 Edison Avenue, Suite B, Chesterfield, MO 63005 • Phone 877-504-3656 • Fax: 636-680-8080

ATTN: Credit Dept.  
FAX: (636) 680-8080

CONTACT PERSON \_\_\_\_\_

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

PHYSICAL  
COMPANY ADDRESS \_\_\_\_\_  
Street City State Zip

BILL TO ADDRESS \_\_\_\_\_  
Street City State Zip

SHIP TO ADDRESS \_\_\_\_\_  
Street City State Zip

BUSINESS PHONE \_\_\_\_\_ BUSINESS FAX \_\_\_\_\_  
(area code) (area code)

DUNS# \_\_\_\_\_ Tax Id # \_\_\_\_\_

TYPE OF BUSINESS – Individual  Partnership  Corporation  Government Agency

DATE INCORPORATED \_\_\_\_\_ (if applicable) STATE OF INCORPORATION \_\_\_\_\_

DATE BUSINESS STARTED \_\_\_\_\_ HOW LONG AT PRESENT ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_  
Person responsible for payment of invoice (normally Accounts Payable) **THIS IS IMPORTANT AS INVOICES ARE EMAILED ONLY.**

E-MAIL ADDRESS \_\_\_\_\_  
Person to contact regarding the order status, questions about the order, etc. **THIS IS IMPORTANT AS ALL CORRESPONDENCE IS DONE VIA EMAIL.**

Website: \_\_\_\_\_

DO YOU REQUIRE A PURCHASE ORDER? YES  NO

**OFFICERS OR OWNERS:**

PRESIDENT/OWNER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

VICE PRESIDENT/FINANCIAL OFFICER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

LIST ALL PERSONS AUTHORIZED TO CHARGE ON THIS ACCOUNT (IF LEFT BLANK, ANYONE WILL BE ABLE TO PURCHASE ON YOUR ACCOUNT)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I OR WE, THE UNDERSIGNED, AGREE TO COMPLY WITH ALL INVOICE TERMS. I OR WE, HEREBY PERSONALLY GUARANTEE PAYMENT OF ANY INDEBTEDNESS FROM THE APPLICANT. EACH OF US FURTHER AGREES THAT IN THE EVENT OF DEFAULT ON THE ACCOUNT, WE ARE TO PAY REASONABLE COLLECTION COSTS, INCLUDING ATTORNEY'S FEES AND COURT COSTS.

**PLEASE READ APPLICATION BEFORE SIGNING.**

AUTHORIZED SIGNATURE \_\_\_\_\_ (must be an officer or owner)

PRINTED NAME \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

**WE MUST HAVE AN ORIGINAL CREDIT APPLICATION IN OUR FILE SO PLEASE ALSO MAIL IN A HARD COPY OF THIS APPLICATION IF YOU HAVE PREVIOUSLY FAXED.**

AMOUNT OF CREDIT YOUR COMPANY WANTS APPROVED \$ \_\_\_\_\_ (must complete)

BANK NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
(Area code) (Area code)

CREDIT REFERENCES:

1.) \_\_\_\_\_  
Name of business Address

PHONE # \_\_\_\_\_ FAX# \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
(Area code) (Area code)

2.) \_\_\_\_\_  
Name of business Address

PHONE # \_\_\_\_\_ FAX# \_\_\_\_\_ ACCOUNT# \_\_\_\_\_  
(Area code) (Area code)

3.) \_\_\_\_\_  
Name of business Address

PHONE # \_\_\_\_\_ FAX# \_\_\_\_\_ ACCOUNT# \_\_\_\_\_  
(Area code) (Area code)

4.) \_\_\_\_\_  
Name of business Address

PHONE # \_\_\_\_\_ FAX# \_\_\_\_\_ ACCOUNT# \_\_\_\_\_  
(Area code) (Area code)

**VENDOR FAX#s AND THEIR ACCOUNT #s ARE NECESSARY  
TO PROCESS YOUR CREDIT APPLICATION IN A TIMELY MANNER.**

I HEREBY AUTHORIZE THE PERSON OR FIRM TO WHOM THIS APPLICATION IS MADE, ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY SUCH PERSON, TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY CREDIT AND FINANCIAL RESPONSIBILITY. THE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I AGREE TO PAY ALL BILLS WHEN DUE.

\_\_\_\_\_  
(Authorized Signature)