

CREDIT APPLICATION



18167 Edison Avenue, Suite B, Chesterfield, MO 63005 • Phone 636-680-8051 • Fax: 636-680-8080

ATTN: Credit Dept.
PHONE: (636) 680-8002
FAX: (636) 680-8080

COMPANY NAME _____

CONTACT PERSON _____

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

DEPARTMENT HEAD _____ (if a 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

IS YOUR ORGANIZATION TAX EXEMPT? YES NO If Yes, please provide tax exemption certificate.

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.

AMOUNT OF CREDIT YOUR COMPANY WANTS APPROVED \$ _____ (must complete)
ANTICIPATED ANNUAL PURCHASE AMOUNT \$ _____ (must complete)

***Terms will only be extended to customers with annual purchases greater than \$3,000. Annual reviews are made for each customer to ensure compliance with this policy.**

***Initial Purchase Order must be a minimum of \$500.**

***Credit cards payments made on orders where terms are extended are subject to a 3% processing fee.**

Business References

*If a government entity, only Bank Information is necessary.

BANK NAME _____	ACCOUNT NO. _____		
ADDRESS _____			
Street	City	State	Zip
PHONE _____	FAX _____		
(Area code)	(Area code)		
<u>CREDIT REFERENCES:</u>			
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)		

**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.

(Business Representative Name & Date)

(Signature)