



Credit Application

Organization / Billing / Shipping

Company Name	Billing Address	Shipping Address
Contact Person	Address line 1	Address line 1
Business Phone	Address line 2	Address line 2
Business Fax	City State Zip	City State Zip

Organization Details

Type of Business Individual Partnership Corporation Government

Department Head (If government agency) _____ DUNS# _____

Date Incorporated (mmddyy) _____ Tax ID _____

State of Incorporation Not Applicable _____ Website Address _____

Date Business Started (mmddyy) _____

How Long At Current Address? 6 months 12 months 18 months More than 2 years

Invoicing/Accounts Payable

Please provide the email address of the person responsible for payment of invoice as well.

Email Address _____

This information is important as all correspondence is handled via email.

Please provide the email address of the person to contact regarding order status, questions about the order, etc.

Email Address _____

This information is important as all correspondence is handled via email.

Do you require a Purchase Order? No Yes

Is your organization tax exempt? No Yes (If yes, please provide tax exemption certificate)

Authorized Users

List all persons AUTHORIZED to charge on this account. IF LEFT BLANK, ANYONE will be able to purchase on this account.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ APPLICATION BEFORE SIGNING

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.

Authorized Signature (Must be an officer or owner)

Printed Name _____ Title _____

Date _____

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.



TacticalGear.com
 18167 Edison Avenue, Suite B Chesterfield, MO 63005
 Phone: 636-680-8070

Attention: Credit Department
 Accounts Payable Contact: Chrissie Collier
 Email: AR@cat5.com | Phone: 636-680-8006

Business References

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

Bank Information

Bank Name	Bank Address
Bank Account Number	Address line 1
Bank Phone	Address line 2
Bank Fax	City State Zip

Credit References

1. Credit Information

Name of Business
Account Number
Address 1
Address 2
City State Zip
Email Address
Phone
Fax

2. Credit Information

Name of Business
Account Number
Address 1
Address 2
City State Zip
Email Address
Phone
Fax

3. Credit Information

Name of Business
Account Number
Address 1
Address 2
City State Zip
Email Address
Phone
Fax

VENDOR FAX NUMBERS AND THEIR ACCOUNT NUMBERS 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 Signature

Printed Name

Date