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| 6500 S Interpace Drive | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OKC, OK 73135 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEL: 405-670-2266 ⚫ FAX: 405-672-3430 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Application For Credit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date:** | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Corporate Headquarters** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Plant/Other Locations** | | | | | | | | | | | | | **Pre-call Phone #:** | | | | | | | |  | |
| **Name** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **Name** | | | | |  | | | | | | | | | | | | | | | | | |
| **Address** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **Address** | | | | |  | | | | | | | | | | | | | | | | | |
| **C****ity** | | |  | | | | | | | | | | **St** | |  | | | | **Zip** | |  | | | | | **City** | | | |  | | | | | | | | **St** | | |  | | | | | **Zip** | | |  | |
| **Phone** | | | | |  | | | | | | | | | **Fax:** | | |  | | | | | | | | | | | | **Phone** | | | | |  | | | | | | | | | **Fax:** | | | | |  | | |
| **Type of Business:** | | | | | | | | | | | Distributor  Wholesaler  Contractor | | | | | | | | | | | | | | | | | | | | | | Other | | |  | | | | | | | | | | | | | | | |
| **Legal Business Type:** | | | | | | | | | | | Corporation  Partnership  Ownership/Sole Proprietor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of years in business** | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent Company Name** (if applicable) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Check one: Taxable**  **Tax Exempt**  **If tax exempt, please attach a copy of your state certificate.**  **Check if member of a Buying Group: A-D**  **IMARK** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reference Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check here if credit reference information is attached to this document.  Give complete names, addresses, phone numbers, and account number. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bank Name:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Address:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Email: | | | |  | | | | | | | |
| **City:** | | | | | | |  | | | | | | | | | | | | | **State:** | | |  | | | | **Zip Code:** | | | | |  | | | | | | | |  | | | | | | | | | | | |
| **Phone No.:** | | | | | | |  | | | | | | | | | | | | | **Account No.:** | | | | |  | | | | | | | | | | | | | | |
| **Trade (Supplier Accounts)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | | **Name:** | | | | | |  | | | | | | | | | | | | | | | | | | | | **2.** | | | **Name:** | | | |  | | | | | | | | | | | | | | | | |
|  | | **Address:** | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | **Address:** | | | |  | | | | | | | | | | | | | | | | |
|  | | **City:** | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | **City:** | | | |  | | | | | | | | | | | | | | | | |
|  | | **State:** | | | | | |  | | **Zip Code:** | | | | | | | |  | | | | | | | | | |  | | | **State:** | | | |  | | **Zip Code:** | | | | | | | |  | | | | | | |
|  | | **Phone No.:** | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | **Phone No.:** | | | |  | | | | | | | | | | | | | | | | |
|  | | **Email:** | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | **Email:** | | | |  | | | | | | | | | | | | | | | | |
| **3.** | | **Name:** | | | | | |  | | | | | | | | | | | | | | | | | | | | **4.** | | | **Name:** | | | |  | | | | | | | | | | | | | | | | |
|  | | **Address:** | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | **Address:** | | | |  | | | | | | | | | | | | | | | | |
|  | | **City:** | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | **City:** | | | |  | | | | | | | | | | | | | | | | |
|  | | **State:** | | | | | |  | **Zip Code:** | | | | | | | | |  | | | | | | | | | |  | | | **State:** | | | |  | | | | **Zip Code:** | | | | | |  | | | | | | |
|  | | **Phone No.:** | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | **Phone No.:** | | | |  | | | | | | | | | | | | | | | | |
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| SIGNATURE | | | | | | | |
| **Applicant’s Signature:** | |  | | | **Date:** |  | |
| **Print Name:** | | (Applicant’s Signature here) | | | **Title:** |  | |
| (Print Name here)  I**,** \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, We, \_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  (Signature of Sole Proprietor Applicant) (Signature of Corporation Officer or Partnership Applicant)  agree that for, and in consideration of the extension of credit herewith applied for, it is hereby agreed that in event of default, all collection acts, attachments, court costs, interest accrued and reasonable attorney fees will be paid by the purchaser. A late payment charge of 1 ½% per month, not to exceed 18% per year will be levied on all past due accounts. Payment of account must be made in accordance with our Standard Terms and Conditions of Sale. | | | | | | | |
| **Sales Representative** | | | **Credit Department** | | **Customer Service Representative** | | |
| **Rep No. :** | **CSR Initials**. | | **Print Name:** |  | |  |  | | --- | --- | | **Print Name:** |  | | |  |
| **Date: \_****\_\_\_\_\_\_\_\_\_\_\_\_**  **Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Date: \_****\_\_\_\_\_\_\_\_\_\_\_\_**  Approve  Disapprove \_\_\_\_\_\_\_ | | **Date: \_     \_\_\_\_\_\_\_\_\_\_\_\_**  **Printed Name:** \_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |