## **Application For Credit**

Date:

Corporate Headquarters       Plant/Other Locations       Pre-call Phone #:	Applicant Inf	ormation		
Address:	Corporate H	eadquarters	Plant/Other Lo	cations Pre-call Phone #:
Address:		•		
Phone:       Fax:       Phone:       Fax:         Type of Business:       Distributor       Wholesaler       Other         Legal Business Type:       Corporation       Patnership       Ownership/Sole Proprietor         Number of years in business:       Employer ID Number (EIN):	Address:		Address:	
Phone:       Fax:       Phone:       Fax:         Type of Business:       Distributor       Wholesaler       Other         Legal Business Type:       Corporation       Patnership       Ownership/Sole Proprietor         Number of years in business:       Employer ID Number (EIN):	City:	St: Zip:	City:	St: Zip:
Type of Business: Distributor   Uegal Business Type: Corporation   Parent Company Name (if applicable): Employer ID Number (EIN):   Parent Company Name (if applicable): Employer ID Number (EIN):   Check one: Tax Exempt   If tax exempt, please attach a copy of your state certificate.   Check one: Tax Exempt   Check one: Tax Exempt   If any Exempt, please attach a copy of your state certificate.   Check here if credit reference information is attached to this document.   Give complete names, addresses, phone numbers, and account number.   Bank Name:   Address:   City:   State:   Zip Code:   Phone No.:   Signatures   Applicant's Signature here)   Print Name:   (Septanter dool Proprietor Applicant)   In Name:   Address:   City:   Signatures   Dete:   Phone No.:      (Paperater dool Proprietor Applicant) (Septanter dool Proprietor Applicant) (Septanter dool Proprietor App			Phone:	Fax:
Legal Business Type:       Corporation       Partnership Covership/Sole Proprietor         Number of years in business:       Employer ID Number (EIN):         Parent Company Name (if applicable):       Employer ID Number (EIN):         Check one:       Taxable Tax Exempt         If tax exempt, please attach a copy of your state certificate.         Check in member of a Buying Group:       AP         IMARK           Reference Information       Give complete names, addresses, phone numbers, and account number.         Bank Name:       Give complete names, addresses, phone numbers, and account number.         Bank Name:       Account No::       Trade (Supplier Accounts)         1.       Name:       Account No::       City:         Trade (Supplier Accounts)       1.       Name:       Address:         Address:       Zip Code:       Phone No.:       Zip Code:         Phone No.:       Phone No.:       Phone No.:       Zip Code:         State:       Zip Code:       Phone No.:       Zip Code:         State:       Zip Code:       Phone No.:       Zip Code:         State:       Zip Code:       Phone No.:       Zip Code:         Signature:       Zip Code:       Phone No.:       Zip Code:         Phone No.:       Date:       Zip Code: <td< td=""><td>Type of Business</td><td>s: 🗌 Distributor 🗌 Wholes</td><td>aler Contractor Othe</td><td>er</td></td<>	Type of Business	s: 🗌 Distributor 🗌 Wholes	aler Contractor Othe	er
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   MARK    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: City: State: Zip Code: Phone No.:  Address: City: State: Zip Code: Phone No.:  Address: City: State: Zip Code: Phone No.:  Signature of Sole Proprietor Applicant) (Applicant's Signature here) I, (Applicant's Signature here) Vertical data paid by the purchaser.  New, Marce I, Signature of Coporation Officer or Patmentip Applicant) (Applicant's Signature here) Vertical data paid by the purchaser.  Address: City: Signature of Sole Proprietor Applicant) Vertical account of the event of default, all collection acts, attachments, court costs, interest accrued and reasonable attorney fees will be paid by the purchaser.  Address: Address: Address: City: Signature of Signature free of the event of default, all collection acts, attachments, court costs, interest accrued and reasonable attorney fees will be paid by the purchaser.  A date of the 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 accounts.  Addresse: City: C			ership 🛛 Ownership/Sole Proprie	etor
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Check if member of a Buying Group: A-D MARK  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: City: State: Zip Code: Phone No.:  Name: Address: City: Zip Code: Phone No.:  Name: Address: City: Zip Code: Phone No.:  State: Zip Code: Phone No.:  State: Zip Code: Phone No.:  City: State: Zip Code: Phone No.:  Signature of sole Proprietor Applicant's Signature here) Phint Name: (Applicant's Signature here) Phint Name: (Signature of Sole Proprietor Applicant) (Signature of Corporation Officer or Pantenship Applicant) (Signature of Corporation Officer or Pantenship Applicant) (Signature of Corporation Applicant) (Signature of Corporation Officer or Pantenship Applicant) (Signature of Corporation Officer or Pantens				
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:         City:         Phone No.:         Trade (Supplier Accounts)         1. Name:         Address:         City:         State:         Zip Code:         Phone No.:         Phone No.:         Zip Code:         Phone No.:         State:         Zip Code:         Phone No.:         State:         Zip Code:         Phone No.:         State:         Zip Code:         Phone No.:         Signature:         (Applicant's Signature in Signature here)         Print Name:         (Signature of Sole Propietor Applicant)         Signature:         (Signat				ur state certificate.
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3. Name:	· · -	Zin Codo:	City:	Zin Codo:
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Address:				
City:       Zip Code:       City:       State:       Zip Code:	3. Name:		4. Name:	
State:       Zip Code:         Phone No.:       Zip Code:         Phone No.:       Zip Code:         Signatures       Phone No.:         Applicant's Signature:       Date:         (Applicant's Signature here)       Date:         Print Name:       (Applicant's Signature here)         I,       (Signature of Sole Proprietor Applicant)       We,       (Signature of Corporation Officer or Partnership Applicant)         extension of credit herewith applied for, it is hereby agreed that in the 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.				
Signatures	· · -	Zin Code:	City:	Zin Code:
Signatures       Date:         Applicant's			State	
Applicant's       Date:         Signature:       (Applicant's Signature here)         Print Name:       (Applicant's Signature here)         I,       (Print Name here)         I,       (Signature of Sole Proprietor Applicant)         extension of credit herewith applied for, it is hereby agreed that in the 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.				
Applicant's       Date:         Signature:       (Applicant's Signature here)         Print Name:       (Applicant's Signature here)         I,       (Print Name here)         I,       (Signature of Sole Proprietor Applicant)         extension of credit herewith applied for, it is hereby agreed that in the 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.	Signatures			
Print Name:       Title:         (Print Name here)       I,				
Print Name:       Title:         (Print Name here)	Signature:		Date:	
(Print Name here) I,, Gignature of Sole Proprietor Applicant), We,, agree that for, and in consideration of the extension of credit herewith applied for, it is hereby agreed that in the 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.	Drint Nome	(Applicant's Signature here)	Titler	
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accordance with our Standard Terms and Conditions of Sale.	reasonable allomey	rees will be paid by the purchaser.		
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Sales Representative Customer Service Rep. Credit Department				
	Sales	Representative	Customer Service Rep.	Credit Department
Print Name: Print Name:	Print Name:			Print Name:
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