



6500 S Interpace Drive
OKC, OK 73135
TEL: 405-670-2266 • FAX: 405-672-3430

Application For Credit

Date: _____

Applicant Information

Corporate Headquarters

Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Phone: _____ Fax: _____

Plant/Other Locations

Pre-call Phone #: _____

Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Phone: _____ Fax: _____

Type of Business: ☐ Distributor ☐ Wholesaler ☐ Contractor ☐ Other _____

Legal Business Type: ☐ Corporation ☐ Partnership ☐ Ownership/Sole Proprietor

Number of years in business: _____ Employer ID Number (EIN): _____

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: _____
City: _____ State: _____ Zip Code: _____
Phone No.: _____ Account No.: _____

Trade (Supplier Accounts)

1. Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone No.: _____	2. Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone No.: _____
3. Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone No.: _____	4. Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone No.: _____

Signatures

Applicant's Signature: _____ Date: _____
(Applicant's Signature here)

Print Name: _____ Title: _____
(Print Name here)

I, _____, We, _____, agree that for, and in consideration of the
(Signature of Sole Proprietor Applicant) (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 1/2% 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

Print Name: _____
(Print Name here)

Date: _____

X _____
(Signature of Sales Representative here)

Customer Service Rep.

Printed Name: _____

Location: _____

Credit Department

Print Name: _____
(Print Name here)

Date: _____
Approve ☐ Disapprove ☐

X _____
(Signature of Credit Dept. Rep. Here)

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