



Application for Payment Terms

Bill To:

Business Name: _____
Street or PO Box: _____
City State, Zip: _____
Phone: _____
Fax: _____
Website: _____

Trade References: Submit at least 3 references.
Wholesalers and suppliers preferred.

Firm Name: _____
Street: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Contact Name: _____
Email Address: _____

Accounting Department Information:

Accounting Contact: _____
Title/Position: _____
Phone: _____
Email: _____

Firm Name: _____
Street: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Contact Name: _____
Contact Email: _____

Bank Information:

Bank Name: _____
Account Number: _____
Bank Contact Name: _____
Bank Contact Phone: _____
Bank Contact Email: _____
Street: _____
City, State, Zip: _____

Firm Name: _____
Street: _____
City, State, Zip: _____
Phone: _____
Fax: _____

Additional Information:

Number of Years in Business: _____
Estimated Monthly Purchases: _____
How often does your firm issues checks? _____
Federal Tax ID: _____
State Tax ID: _____

Contact Name: _____
Contact Email: _____

Legal Entity: (Please Circle) LLC S Corp Sole Proprietorship Partnership

We authorize our bank and suppliers to furnish any information necessary to complete your evaluation of your credit history.

Form must be accompanied by a resale certificate or exemption certificate from the state in which you operate.

Print Name: _____ Title: _____

Authorized Signature: _____ Date: _____