

credit application



(Please Print)

Customer # _____ Amount of Credit Requested \$ _____

Company Name _____ Tel. # _____ Fax # _____

Address _____ City _____ State _____ Zip _____

E-Mail _____ D&B No. _____

Year Established _____ Number of Employees _____ Resale tax ID # _____

Sole Proprietorship / Partnership / Corporation _____ Rent / Own _____

Principal Name _____ Tel. # _____ Fax # _____

Accounts Payable Contact _____ Tel. # _____ Fax # _____

Address _____ City _____ State _____ Zip _____

Please fill out with *complete* information and return your *signed* application. All fields must be completed in order to process your application.

BANK REFERENCE:

Name _____ Tel. # _____ Fax # _____

Address _____ City _____ State _____ Zip _____

Contact Name _____ Branch _____ Account # _____

VENDOR REFERENCES:

Name _____ Tel. # _____ Fax # _____

Address _____ City _____ State _____ Zip _____

Name _____ Tel. # _____ Fax # _____

Address _____ City _____ State _____ Zip _____

Name _____ Tel. # _____ Fax # _____

Address _____ City _____ State _____ Zip _____

In consideration of your extending credit to me for the purchase of goods I agree: to authorize *cmi*, any credit bureau, or other investigative agency acting for *cmi* to investigate the references herein listed or statements or other data obtained from me or any other person pertaining to my credit and financial responsibility; to pay my account in full on or before the due date without charge or I agree to pay a minimum \$10 late charge fee or 2% per month which is equivalent to an annual percentage rate of 24%; you may declare my entire indebtedness hereunder to be due and payable if I default in making any payments hereunder in full when due, and you may charge me any service charges, late charges, collection fees, and costs including attorney's fees for collection of all sums due.

Signature _____ Title _____ Date _____