



Customer Credit Application

New Customer Existing Customer

Your Information

Legal Business Name _____

Trade Name - DBA _____

Phone _____

Address _____ City _____ State _____ Zip _____

Date Business Established _____ FEIN# _____

Type of Business: Sole Proprietorship Partnership Corporation LLC Other

Accounts Payable Contact _____ Email for Invoices: _____

Accounts Payable Email _____ Email for Statements: _____

Sales Tax Exempt? **Yes** **No**

If tax exempt, please send us your exemption form with this credit application

Is a purchase order
(PO) required to **Yes** **No**
make payment?

The signature below certifies that all information on this form is correct. The credit terms are understood and the above-mentioned company agrees to pay according to terms in consideration of extended credit.

Authorized Signature _____ Job Title _____ Date _____

NOTE: CREDIT TERMS ARE NET 15 DAYS FROM THE DATE OF THE INVOICE. QUALIFIED DISTRIBUTORS, EDUCATIONAL ORGANIZATIONS, AND GOVERNMENT ORGANIZATIONS CAN RECEIVE NET 30 DAYS

Price subject to change without prior notice. All sales subject to credit approval. No returns accepted without prior approval. All returns must be shipped prepaid in original cartons. Credit will not be given for returns damaged due to improper packing.

The transportation company acknowledges receipt of shipment in good condition by signing a bill of lading. It is consignee's responsibility to make all damaged freight claims.

Unless otherwise indicated on customer's order, partial shipment will be made when necessary and balance of order will be back-ordered until available.