

# APPLICATION FOR CREDIT

COMPANY NAME \_\_\_\_\_ DATE ESTABLISHED \_\_\_\_\_

BILL TO ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SHIP TO ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CORPORATION  PARTNERSHIP  PROPRIETORSHIP

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

OFFICERS / PRINCIPALS 1. \_\_\_\_\_

2. \_\_\_\_\_

Tax ID# \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_

BUSINESS BANK \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  checking

savings

BANK ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

TRADE REFERENCE (Five current suppliers; omit phone company, oil & gas and personal credit cards)

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

3. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

4. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

5. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

D&B NUMBER \_\_\_\_\_ ESTIMATED LINE OF CREDIT REQUIRED \_\_\_\_\_

*Credit Agreement*

Customer verifies that the above information is true and correct and hereby grants permission for any person to furnish Oliver Products any and all information which may be requested. Customer also agrees to pay for any and all deliveries under and pursuant to its accounts, whether ordered by the customer or by any person representing himself/herself to be an agent, employee or representative of the company. All sales, unless otherwise noted, are **Net 30 Days** and these terms are strictly enforced.

Customer agrees to pay all collections costs, attorney's fees, and court costs incurred in the collection of said amount in the event legal action is necessary.

**I UNDERSTAND AND AGREE TO THE ABOVE TERMS.**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

(please type or print)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE FAX BACK TO: \_\_\_\_\_

If you are tax exempt, please fill out the attached tax exemption form

