



## ACCOUNT OPENING CREDIT APPLICATION

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_

### Please provide us with 3 credit references:

(1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

(2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

(3) Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Tax Exempt: Yes \_\_\_ No \_\_\_ (If yes, please send us a copy of your tax exempt certificate)

Please submit the above references to our office so we can expedite setting up your open account. We are looking forward to serving you.

Standard terms are Net 30 days. The undersigned agrees to pay any and all reasonable costs if it becomes necessary to refer the account covered by this application to an attorney or collection agency.

Person/Persons responsible for account: \_\_\_\_\_  
(Must be signed)