

Sales Representative: _____

APPLICATION FOR CREDIT

BUSINESS INFORMATION

Firm Name: _____ Number of Employees _____

Address: _____ Phone: () _____

City, State, Zip: _____ Fax: () _____

Owners Name: _____ Year Established: _____

Accounting Contact: _____ Email: _____

Is Purchase Order Needed? **YES / NO** Number of Employees in your office: _____

Business License #: _____ **Expiration Date:** _____ **Type of Business:** _____

BUSINESS CREDIT REFERENCES

Bank: (Business Checking Account) _____ Local Branch: _____

Local Branch Contact Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

*Name: _____ Phone: () _____ Fax: () _____

Address: _____ City: _____ State: _____ Zip: _____ Acct#: _____

*Name: _____ Phone: () _____ Fax: () _____

Address: _____ City: _____ State: _____ Zip: _____ Acct#: _____

*Name: _____ Phone: () _____ Fax: () _____

Address: _____ City: _____ State: _____ Zip: _____ Acct#: _____

In consideration of the extension of credit or the continued extension of credit to the undersigned by WARDENS the Applicant agrees:

1. To the following terms of sale – all purchases are **NET 30 Days from the day of invoice.**
2. To pay a late charge at a Periodic Rate of 1.5% per month, on any and all invoices not paid within our NET 30 day terms.
3. That WARDENS may contact the bank(s) and other references listed previously in the course of its credit investigation.
4. That WARDENS reserves the right to refuse shipment on accounts that are past due.
5. That WARDENS reserves the right to pick up any of its unpaid supplies or office furniture from the Applicants inventory if financial solvency becomes questionable
6. That WARDENS reserves the right to assign or transfer the account to a collection agency of its choice should any of the terms and conditions of this agreement be violated by the Applicant.
7. That WARDENS shall in no event be liable to the Applicant for consequential damages and that the liability of WARDENS for damages shall in no event exceed the purchase price of the particular shipment with respect to which claim is made.
8. To pay all costs, both attorneys' fees and court costs, if legal action becomes necessary for collection of the Applicants account.

I (We) certify that to the best of my (our) knowledge all information provided on this form is true and correct, and that I (We) fully understand the above noted credit terms, and agree to the proper payment in consideration of extended credit.

Signature: _____ Print: _____

Title: _____ Date: _____