



CREDIT APPLICATION/COMMERCIAL: DATE _____

FIRM
ADDRESS
CITY STATE ZIP

HOW LONG IN BUSINESS? CORPORATION or PARTNERSHIP?

CREDIT REFERENCES:

NAME	ADDRESS	PHONE
1.	_____	_____
2.	_____	_____
3.	_____	_____

BANK REFERENCES:

NAME	BRANCH	PERSON WHOM YOU DO BUSINESS WITH
1.	_____	_____
2.	_____	_____

PRINCIPALS OF THE FIRM:

NAME	ADDRESS	POSITION	PHONE
1.	_____	_____	_____
2.	_____	_____	_____

NOTICE: The following is provided for your information. Please read the credit plan and do not sign this agreement before you do.

If this THIRTY DAY account is opened I agree:

1. To pay each invoice within thirty (30) days.
2. To pay a \$25.00 service charge on any invoice thirty one days and older.
3. To pay attorney's fees in the event that collection efforts become necessary.

APPROVED _____
DATE _____

Signature: _____