



220 S Hancock St McAdoo PA 18237 PH:570-366-0950 FAX:570-366-0948

BUSINESS CREDIT APPLICATION

Company Name _____

Billing Address _____

Physical Address _____

Phone _____ Fax: _____ EIN# _____

e-mail Address _____

___ Corporation ___ Partnership ___ Proprietorship ___ Other

Type of Business _____

Year established _____ Yearly Gross Sales \$ _____

Yearly Net Profits \$ _____

Net Value \$ _____

NAMES AND ADDRESSES OF OWNERS, PARTNERS, OR OFFICERS:

Name _____
 SS # _____
 Title _____
 Address _____

Name _____
 SS # _____
 Title _____
 Address _____

Name _____
 SS # _____
 Title _____
 Address _____

CREDIT/TRADE REFERENCES:

Creditor Name _____
Account # _____
Phone _____ Fax: _____
Address _____

Creditor Name _____
Account # _____
Phone _____ Fax: _____
Address _____

Creditor Name _____
Account _____
Phone _____ Fax: _____
Address _____

BANK REFERENCES:

Bank Name _____
Account # _____ Contact Person: _____
Phone _____ Fax: _____
Address _____

CREDIT LIMIT REQUESTED: \$ _____

CREDIT TERMS

- Payment on all invoices is due within thirty (30) days of invoice date or as invoice states.
- All overdue invoices bear interest at 1% (one percent) per month on unpaid balance.
- Credit applicant agrees to pay all costs of collection, including court costs and attorneys fees.
- Credit terms and limit may be cancelled or changed by Creditor at any time without notice.
- All transactions are governed by the laws of the Creditor's state.
- All transactions are governed by the terms of the Creditor's documents.

The Credit applicant accepts the above terms and states that all information contained in this credit application is true and correct. Credit applicant authorizes creditor to contact all references, inquire as to credit information, and receive any confidential information relevant to approving credit.

Dated: _____, 20 _____

Signature of Credit Applicant

Print Name of Credit Applicant