

Company Name: _____	Date: _____		
Address: _____			
City: _____	State: _____	Zip: _____	Phone: _____
Business Contact: _____	Fax: _____		

Credit Amount Requested: \$ _____

Business Type: Sole Proprietorship Partnership Corporation-State of: _____

Years in Business: _____ **Product or service you offer:** _____

Partnership and Sole Proprietorship: (Your application will not be processed unless this is complete.)

Name: _____

Social Security #: _____

Home Address of owner(s): _____

Corporations: Please list officers of corporation:

Person(s) to contact regarding Purchase Orders & Invoice Payments (Name, Address & Phone #).

1. _____
2. _____
3. _____

Bank Reference: Reference sheet with bank and local trade references may be attached.

Bank Name: _____ **Branch Location:** _____

Phone # _____ **Account #** _____ **Contact:** _____

Local Trade References: Company Name, Address & Phone # (minimum 3-current).

1. _____
2. _____
3. _____

The above information is submitted for the purpose of opening a credit account and I certify this information to be true. By signing this application I agree to the payment terms of Net 30 days and I understand that delinquent accounts will incur a monthly finance charge of 1-1/2% monthly. This signature also serves as authorization for any Bank or Trade Reference listed above to release credit information. Signature also authorizes Page One to run credit reports necessary to establish credit.

Authorized Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____