



## CONFIDENTIAL CREDIT APPLICATION

Date: \_\_\_\_\_

Full Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Postal Code (ZIP): \_\_\_\_\_ Province/State: \_\_\_\_\_

Billing Address (If different then above): \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

### Accounts Payable

AP Contact Name: \_\_\_\_\_ AP Email: \_\_\_\_\_

AP Phone No: \_\_\_\_\_

### Company Information

Corporation	Partnership	Sole Proprietorship
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Establishment Date: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

DUNS No: \_\_\_\_\_ Federal ID: \_\_\_\_\_

Tax Exemption: \_\_\_\_\_ (Please provide a copy)

Claimed Bankruptcy? \_\_\_\_\_ If yes, attach details.

***\* If you do not have a DUNS account, please provide us with three (3) references with which you have an active account.***

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**NOTE:** CREDIT TERMS ARE NET 30 DAYS FROM DATE OF INVOICE, UNLESS AGREED UPON OTHERWISE, AND IT IS UNDERSTOOD THAT ALL ACCOUNTS IN ARREARS, PAST 30 DAYS, WILL BE ASSESSED WITH A MONTHLY SURCHARGE PER SCORE VALVES TERMS