**BUSINESS CREDIT APPLICATION FORM**

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| **BUSINESS INFORMATION (please include W-9)** |
| Business Legal Name: |   |
| Business dba. Name: |   |
| Address: |   |
| City & State, Zip Code |   |
| Phone Number: |   |
| Fax: |   |
| Date of business incorporated: |  |
| Date of business commenced: |  |
| Type of business structure: | [ ]  Sole proprietorship [ ]  Limited Liability (LLC, LLP)[ ]  Corporation (C or S) [ ]  Other:  |
| Fed Tax ID or SSN if Proprietorship: |  |
| Are you a resaler?  | [ ]  YES [ ]  NO If YES, Resaler Certificate ID: |
| A/P Contact Name: |  |
| Phone Number |  |
| Email Address: |  |

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| **OFFICER OR PRINCIPAL INFORMATION** |
| Name of Company Officer/Director/Principal: |   |
| Address: |   |
| City & State, Zip Code: |   |
| Phone Number: |   |
| Cell Phone Number: |   |
| Email Address: |   |
| Name of Company Officer/Director/Principal: |  |
| Address: |  |
| City & State, Zip Code: |  |
| Phone Number: |  |
| Cell Phone Number: |  |
| Email Address: |  |
| Name of Company Officer/Director/Principal: |  |
| Address: |  |
| City & State, Zip Code: |  |
| Phone Number: |  |
| Cell Phone Number: |  |
| Email Address: |  |

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| **TRADE REFERENCES** |
| Company Name: |   |
| Address |   |
| City & State, Zip Code |   |
| Phone Number: |   |
| Contact Name: |   |
| Type of Business: |   |
| Credit Line/Limit: |  |
| Company Name: |  |
| Address |  |
| City & State, Zip Code |  |
| Phone Number: |  |
| Contact Name: |  |
| Type of Business: |  |
| Credit Line/Limit: |  |
| Company Name: |  |
| Address |  |
| City & State, Zip Code |  |
| Phone Number: |  |
| Contact Name: |  |
| Type of Business: |  |
| Credit Line/Limit: |  |

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| **TERMS AND CONDITION** |
| 1. This business credit application form must be accompanied with a filled-out W-9 form. Failure to include the W-9 will cause a delay in opening a credit line with us.
2. All invoices are to be paid 30 days from the date of invoice otherwise, finance charge of 1.75% per month will be imposed on the outstanding balance.
3. If you enter a resaler certificate ID, you are subject to an annual audit by the State of Indiana and have agreed to supply us a copy of your resaler certificate if requested.
4. You hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determined the amount and conditions of the credit to be extended. Furthermore, you hereby authorize us to make inquiries into the business/trade references that has been provided in order to verify the information contained herein.
5. By providing the signature(s) below, you have accepted our terms and conditions and are obligated to pay the invoices as agreed.
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| **SIGNATURES** |
| Signature: |   | Signature: |   |
| Full Name |   | Full Name |   |
| Title |   | Title |   |
| Date |   | Date |   |
| Signature: |   | Signature: |   |
| Full Name |   | Full Name |   |
| Title |   | Title |   |
| Date |   | Date |   |