



SALES REP # _____

DATE _____

CREDIT APPLICATION FORM

Customer Name _____ Phone # _____ Fax# _____

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Type of Business _____ () Corporation () Partnership () Individual

Standard Industry Classification Code (SIC) _____ Date Business Started _____

Contact for Accounts Payable _____ Accounts Payable Phone # _____

Accounts Payable E-Mail _____ Accounts Payable Fax # _____

Contact for Purchasing _____ Purchasing Phone # _____

Preferred Method for Receiving Invoices () E-Mail () Fax () Mail

OFFICERS/OWNERS AND ADDRESSES:

President/Owner _____ Soc. Sec.# _____ Phone # _____

Address _____ City _____ State _____ Zip _____

VP/Owner _____ Soc. Sec.# _____ Phone # _____

Address _____ City _____ State _____ Zip _____

TRADE CREDIT REFERENCES:

Name of Company _____ Address _____

City _____ State _____ Zip _____ Phone # _____

Name of Company _____ Address _____

City _____ State _____ Zip _____ Phone # _____

Name of Company _____ Address _____

City _____ State _____ Zip _____ Phone # _____

Dunn & Bradstreet # _____

If exempt from sales tax, please attach a properly completed Sales Tax Resale or Exemption Certificate.

Accounts past due may be placed on "Stop Shipment" status until all outstanding balances are paid, at which time the account may be placed on COD status until good credit can be reestablished. Past due invoices are subject to a 1-1/2% per month fee.

We certify that the information contained herein is current and that we understand your credit terms and agree to the proper payment in consideration for extended credit. Furthermore should any unpaid balance be collected by legal process or through an attorney at law, the undersigned agrees to pay all attorney's fees and court costs incurred by Janitor's Warehouse in the collection of said bills.

By _____ Title _____ Date _____