

Helping you put your best book forward

A. APPLICANT

All Fields are Required

Legal Business Name: _____
List all Trade Names, DBA's, Divisions or Subsidiaries

Street Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____
(For Invoice)

Phone: _____ Fax: _____ E-Mail: _____

Person to contact for payment: _____ Title: _____ Phone Number: _____

B. BUSINESS INFORMATION

Federal Tax ID Number: _____ How Long In Business? _____

Sales Tax Status: Taxable Exempt (Original exemption certificate must accompany application)

Business Status: Corporation Partnership Proprietorship Division Subsidiary Non Profit Corp. Individual

Are Purchase Orders required? Yes No Are there any Judgements against you? Yes No

Annual Sales (Current Year): _____ Annual Net Income/Loss (Current Year): _____

Annual Sales (Prior Year): _____ Annual Net Income/Loss (Prior Year): _____

If owned by another Co., Parent Co. Name/Address: _____

Name(s) of Principles	Title	Complete Address	Phone
1) _____			
2) _____			
3) _____			

C. BANKING INFORMATION

Bank Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact: _____ Account Number: _____

I hereby authorize the bank named above to release information requested for the purpose of obtaining and/or reviewing credit

D. TRADE REFERENCES

Company Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Company Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Company Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

- | | | |
|--------------------------|----------------|--|
| <input type="checkbox"/> | Please Initial | All invoices are due according to the terms printed on the invoice. A service charge of 1-1/2% per month may be assessed on delinquent invoices. |
| <input type="checkbox"/> | Please Initial | In the event of default, and if this account is turned over to an agency and/or attorney for collection, the undersigned agrees to pay the amount in default plus collection fees. |
| <input type="checkbox"/> | Please Initial | A charge of \$25.00 per check for checks returned NSF. |

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Thomson-Shore, Inc. to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

Company Name: _____

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

C:\Documents and Settings\keithm\Local Settings\Temporary Internet Files\OLKBA\[Credit Application.xls]Credit Application

THOMSON-SHORE 

Helping you put your best book forward