



24300 Catherine Industrial Dr., Suite 405, Novi, Michigan 48375

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APPLICATION FOR CREDIT

FOR THE PURPOSE OF OBTAINING MERCHANDISE FROM YOU ON CREDIT, WE SUBMIT THE FOLLOWING INFORMATION AND AUTHORIZE YOU TO CONTACT THE REFERENCES GIVEN.

BUSINESS CONTACT INFORMATION			
Firm Name		Date business commenced	
Phone		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Fax			
E-mail			
Registered company address City, State ZIP Code			
BUSINESS AND CREDIT INFORMATION			
How Long at Current Address?		Bank name:	
Banker Contact Name:		Primary business address of Bank City, State ZIP Code	
Phone		Direct Line:	
Fax		Account number	
Banker E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
CREDIT REFERENCES			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	

IT IS UNDERSTOOD AND AGREED THAT PAYMENTS RECEIVED BEYOND TERMS STATED ON OUR INVOICES WILL BE SUBJECT TO LATE CHARGES. AS A FURTHER INDUCEMENT TO EXTEND CREDIT I/WE AGREE THAT IN THE EVENT SUIT IS BROUGHT ON ANY OBLIGATION HEREAFTER OWED BY ME/US TO YOU THAT I/WE WILL PAY (1) REASONABLE ATTORNEY'S FEES AND NECESSARY COLLECTION COSTS INCURRED BY YOU IN COLLECTING THE SAID OBLIGATION (2) COLLECTION AGENCY COSTS OR COLLECTION COSTS EVEN IF SUIT IS NOT INSTITUTED.

AUTHORIZED BY _____

SIGNED _____

PLEASE PRINT

AUTHORIZED SIGNATURE

RESALE CERTIFICATE # _____

TITLE _____

OWNER OR OFFICER ONLY

I, HEREBY PERSONALLY GUARANTEE THE OBLIGATION OF THE ABOVE

APPLICANT _____

OWNER OR OFFICER ONLY

OWNER'S HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ TEL: _____

CONFIDENTIALITY IS GUARANTEED!!