

Credit Application

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| Company Information |
| **Company Name** | Company Name |  | **DBA** | DBA |
| **Billing Address** | Billing Address |
| **City** | Billing City |  | **State** | State | **Zip** | Zip |
| **Shipping Address** | Shipping Address |  |
| **City** | Shipping City |  | **State** | State | **Zip** | Zip |
| **A/P Contact** | A/P Contact |  | **Phone** | Phone |
| **A/P E-Mail** | A/P Email |  | **Fax** | Fax |
| **Type of Business** | Corporation[ ]  | Partnership[ ]  | Proprietorship[ ]  |
| **Years in Business** | # | **Years of Incorporation** | # | **State of Incorporation** | State |
| **Resale Number** | Resale Number |  |  |  |  |  |
| Primary Financial Information |
| **Bank Name** | Bank Name |  | **Contact**  | Bank Contact |
| **Bank Address** | Bank Address |  |
| **City** | Bank City |  | **State** | State | **Zip** | Zip |
| **Phone**  | Phone |  | **Account #** | Acct # |  |
| **Req’d Credit Line** | Requested Credit Line |  | **TRW/D&B Acct #** | TRW/D&B Acct # |
| Trade References |
| **Company Name** | Company Name |  | **Contact**  | Contact |
| **Address** | Address |  |
| **City** | City |  | **State** | State | **Zip** | Zip |
| **Phone**  | Phone |  | **Fax** | Fax |  |
|  |  |  |  |  |
| **Company Name** | Company Name |  | **Contact**  | Contact |
| **Address** | Address |
| **City** | City |  | **State** | State | **Zip** | Zip |
| **Phone**  | Phone |  | **Fax** | Fax |  |
|  |  |  |  |  |
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| **Company Name** | Company Name |  | **Contact**  | Contact |
| **Address** | Address |
| **City** | City |  | **State** | State | **Zip** | Zip |
| **Phone**  | Phone |  | **Fax** | Fax |  |
| Terms: As per our Invoice Statement. I/We assume responsibility for charges incurred including a liquidated damage charge of 2% per month (24% per annum) on overdue balances. CUSTOM AG FORMULATORS, INC. will be entitled to collect Attorney's fees should litigation be necessary on any unpaid account. The above information is for the purpose of obtaining credit and is warranted to be true and accurate. I/We do hereby authorize CUSTOM AG FORMULATORS, INC. to investigate the references listed, including our bank, pertaining to my/our credit and financials. |
| **Print Name** | Print Name | **Signature** |  |
| ***- - - OFFICE USE ONLY - - -*** |
| **Approved** |  | **Credit Line** |  |