



# RETAIL CREDIT APPLICATION

NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STREET ADDRESS (if different) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

BANK REFERENCES:  
NAME \_\_\_\_\_ ACCOUNT \_\_\_\_\_

Please provide us with the names of persons authorized to sign on this account. We will only allow authorized individuals to sign on your account. Any exceptions to this must be submitted in writing along with the appropriate signature. Please notify us of any additional special requests.

**Terms and Conditions:**

Payment terms are net 30 days on all invoices. Amounts not paid on time are subject to a 1 1/2% per month late payment charge (18% per annum). Should it be necessary to refer any account balances to a licensed collection agency or attorney for legal action all subsequent collection charges and legal fees shall be paid by applicant.

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

**If you would like us to keep your Visa/MC credit card on file to pay your bill each month, please give us authorization by signing below:**

CC# \_\_\_\_\_ Expiration Date \_\_\_\_\_

The last three digits printed on the signature line on the back of your credit card \_\_\_\_\_

Address where you receive your credit card bill if different from above:

Authorized Signature \_\_\_\_\_