



Phone – (877) 707-5911 ** Fax – (877) 513-1864

CREDIT AGREEMENT

Company Legal Name: _____

Address: _____ Year Started: _____

Phone: _____ Fax: _____

Monthly Credit Required: \$ _____

Bank and Branch: _____

Accounts Payable Contact: _____ Phone: _____

Chief Financial Officer: _____

President: _____

REFERENCES: (Please list 3 suppliers)

	Company	Contact	Telephone
1).	_____	_____	_____
2).	_____	_____	_____
3).	_____	_____	_____

* Credit terms are net 30 days.

Financial Representative (Please Print) _____

AUTHORIZED SIGNATURE: _____ DATE: _____

INTEGRITY AND PRIVACY IS ASSURED FOR EVERY CUSTOMER