



CREDIT APPLICATION

Company Name (Legal Name as Registered)	Nature of Business	
Headquarter Address	Mailing Address	
City, State, Zip Code	City, State, Zip Code	
Telephone Number	Email Address	
Type of Organization <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Year Business Started	Year & State Incorporated

Owners, Partners & Officers

Name	Title	Residence Address	Residence Telephone

Bank References

Name	Address	Telephone
Type of Accounts & Account Numbers <input type="checkbox"/> Checking <input type="checkbox"/> Loan <input type="checkbox"/> Savings		Bank Officer
Name	Address	Telephone
Type of Accounts & Account Numbers <input type="checkbox"/> Checking <input type="checkbox"/> Loan <input type="checkbox"/> Savings		Bank Officer

Trade References

Name	Address	Telephone

Monthly Credit Limit Desired \$

I (WE) agree to pay our account in full on or before the last day of the month following invoice date. I (WE) agree to pay an interest charge of 2% per month (24% per annum), with a minimum finance charge of \$5.00 per month, but not to exceed the maximum rate permissible by law on all past due invoices. I (WE) agree to pay attorney fees, legal costs, and all other expenses involved in the event collection or legal action is necessary for the collection of this account. Your signature hereunder constitutes acceptance of this proposal. I (WE) authorize the District to solicit background information concerning this company's financial status, credit and payment history, and dependability in general business practices, pursuant to our seeking approval for credit. I authorize the businesses and financial establishments listed to supply information to the District upon request.

Signature of Owner, Partner or Officer	Title	Date
Signature of Owner, Partner or Officer	Title	Date