



## Credit Application for Business Account

### Business Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Business type (e.g. Corporation): \_\_\_\_\_

### Bank Information

Bank Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

### Credit References

Company Name: \_\_\_\_\_ Payment Terms: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company Name: \_\_\_\_\_ Payment Terms: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company Name: \_\_\_\_\_ Payment Terms: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Agreement

1. All invoices are to be paid according to payment terms assigned upon approval for credit.
2. Any claims must be made within seven working days from the date of invoice.
3. By submitting this application, you authorize Certified Fastener & Industrial Supply, Inc. to send inquiries regarding your credit-worthiness to the bank and credit references listed above.
4. All orders are considered taxable unless a valid resale certificate or equivalent documentation is provided.

### Signatures

<u>Applicant</u>	<u>Certified Fastener &amp; Industrial Supply, Inc.</u>
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____
Signature: _____	Signature: _____