

## **COMMERCIAL CREDIT APPLICATION – WITHOUT TERMS**

Date:		
Business Legal Name:		Phone:
Billing Address:		Cell:
Street Address:		Fax:
City:	State: County:	Zip:
Type: ( ) Individual ( ) Partne	rship () Corporation () Limited	Liability Company
Tax Exempt: Sales Ta	x Exemption # (A	attach Sales & Use Certificate of Exemption)
Tax ID No:	In Business Since:	State Incorporated:
Accounts Payable Contact:		
A/P Phone:	A/P Email:	
<del>-</del>	pricing with <u>all</u> of my clients: Please list all known:	( ) Yes ( ) No
Signature:		Date:
This is a cash only account. No ordering/shipping.	terms offered or expected. All wor	k orders must be paid in advance of
FOR OFFICE USE ONLY		
Keyword:		
Approved by:		Date: