



DATE: _____

ATTN: _____

EMAIL BACK TO: accounting@shopflowsolutions.com

APPLICATION FOR CREDIT

Company Information (Billing Address)

Business Name _____ Phone _____

Street _____ Fax _____

City, State, Zip _____

D&B No. _____ Tax ID No. _____

Check one Proprietorship Partnership Corporation Other (Describe) _____

SS# of Owner(s) (If other than Corporation) _____

Owner(s) Names _____

Date business started _____ Estimated Annual Sales _____

Exempt Organization Sales Tax Certificate _____

Payables Contact _____ Phone # _____

Bank Reference

Bank Name _____ Phone _____ Fax _____

Bank Address _____

Bank Contact _____ Date account opened _____

Trade References (Minimum of 3)

	VENDOR NAME	PHONE NUMBER	FAX NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Credit Terms are net 30 days from the date of invoice. Outstanding balances are subject to 1.5% per month interest. Failure to pay entire account balance within 60 days after invoice date will result in suspension of credit privileges. In the event of any default in payment, applicant agrees to pay any and all collection cost, including reasonable attorneys and paralegals fees, and court cost incurred to collect delinquent balances and such fees shall accrue interest at the foregoing rate.

Signature/Title _____

Company _____

Date _____