



171 Grand Avenue. Mt. Clemens, MI 48043

(586) 468-4765. Fax (586) 468-4861

Credit Application

Business Name _____

Bill to Address _____

Ship to Address _____

Phone Number _____

Federal Tax ID # _____

Date Established _____

Accounts Payable Contact Name _____

Email address _____

Purchasing Contact Name _____

Email address _____

How do you want to receive invoices? Mail Email

Email address if preferred method _____

Amount of credit desired _____

Planned frequency of business: Weekly Monthly Yearly

Trade References

Name _____

Address _____

Phone Number/Email _____

Name _____

Address _____

Phone Number/Email _____

Name _____

Address _____

Phone Number/Email _____

Bank References:

Name	Address	Account Number
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Name	Address	Account Number
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Credit Application

Has the firm or any of its principles ever been bankrupt? Yes No

If yes explain _____

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principles listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (Net 30). In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that they have the authority to execute this credit agreement on behalf of the business identified.

Name of Business

Signature/Printed Name/Title/Date