

APPLICATION FOR CREDIT



Desired Credit Limit:

DUNS#:

Business Information

Complete Business Name:

City:

Address:

State:

Zip:

Phone:

Email:

Fax:

Federal ID#:

Tax Exempt? (If yes, include resale card with application)

Yes

No

Type of Ownership (Corporation, Partnership, Sole Proprietor):

Member of Purchasing Group::

IMark

Other

None

Purchasing Contact:

Email:

Accounting Contact:

Email:

Principal Information

Name:

Title:

Controller/Financial Officer Name:

Banking Information

Bank Name:

Account No:

Address:

Officer Contact:

Phone:

Business References

Name:

Phone:

Email:

Name:

Phone:

Email:

All of the information provided in this application is accurate and complete. You authorize us to verify the accuracy of all information contained in the application. Terms of payment are net 30 days from date of invoice. In the event of a late payment, the undersigned agrees to pay finance charges of 1.5% per month (18% per annum) on the unpaid balance exceeding 15 days.

Signature:

Print Name:

Title: