

## **Credit Application**

Legal Business Name:						
Phone Number:	Number: _					
Billing Address:			City:		State:	Zip:
Shipping Address:			City:		State:	Zip:
Purchasing Contact:			Email:		Phone:	
A / P Contact:			Email:		Phone:	
Tax Exempt:	Yes:	No:		If exempt, you mu	ıst attach tax exemptio	on form
Type of Business:	Corporation:	State	e:	Partnership	Proprieto	or
D&B #:						
Do you want invoices:	Mailed	Emailed	En	nail Address:		
Applicant's Principal Sup Name		ntact name	Em	ail	Phone	Fax
1						
2						
3						
All payments are due net thirty the terms of payment specified information. Any unpaid baland payments, including reasonable checks shall be covered by the	l, Apex may require full of the will be charged inter the attorney's fees, wheth	or partial payment prior test at the rate of 1 ½% pe	to shipment of t er month after o	he goods. Purchaser agr lue date. All costs of coll	ees to furnish Apex with the ection or attempted collection	required credit on of delinquent
Signature of Applicant:						
Printed Name:	ed Name: Posit		Date		Date:	