

CREDIT APPLICATION FOR OPEN ACCOUNT

FIRM NAME _____ PHONE _____
ADDRESS _____

_____ (include street address if you use a P.O.Box)

DATE ESTABLISHED _____ TYPE OF BUSINESS _____

PROPRIETORSHIP _____ CORPORATION _____

PARTNERSHIP _____ PRIVATE NON-PROFIT _____

EXEMPTION NUMBER _____

DO YOU ISSUE PURCHASE ORDERS? _____ IF MORE THAN ONE COPY OF
INVOICE IS REQUIRED, PLEASE INDICATE _____ OTHER SPECIAL
INSTRUCTIONS _____

CREDIT REFERENCES: List name, complete address and phone number

1. _____
2. _____
3. _____
4. _____

BANK REFERENCES _____
ACCOUNT NUMBERS _____ **DATE OPENED** _____

**HAS PRESENT FIRM (OR PRINCIPAL) EVER DONE BUSINESS UNDER
OTHER NAMES?** _____ **If yes, list:** _____

PERSON TO CONTACT CONCERNING PAYMENT _____
AVERAGE ESTIMATED MONTHLY AMOUNT OF CREDIT REQUIRED _____

I hereby certify that the information on this application is correct and allow you to call the references listed above to verify this information. I also agree to prompt payment in accordance with your terms Net 30) and acknowledge your late charge policy of 1.5% per month (18% per year) on unpaid invoices. In the event payment is not made when due, we shall pay all costs of collection and/or 100% on attorneys fees. Tabs Et Cetera, Inc. will not invoice a second party under any circumstances unless the second party has approved and current credit has been established with Tabs Et Cetera, Inc.

DATE _____ SIGNATURE _____
TITLE _____