

P.O. Box 981 • Stafford, Texas 77497 • 281.242.6373 866.735.1035 TOLL-FREE FAX

CREDIT APPLICATION FOR A BUSINESS

BUSINESS CONTACT INFORMATION			
Name and Title:			
Company Name:			
Phone:	none: Fax:		ail:
Registered Company Address:			
City: State:		Zip	Code:
Date Business commenced:			
Sole Proprietorship:	artnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary Business Address:			
City: State:		Zip	Code:
How long at current address?			
Telephone:	e: Fax:		il:
Bank name:			
Bank Address: Phone:		ne:	
City:	State:	Zip	Code:
Type of account:		Account number:	
Savings:	Checking:	Oth	er:
BUSINESS / TRADE REFERENCES			
Company name:			
Address:			
City:	State:	Zip	Code:
Phone:	Fax:	Ema	ail:
Type of account:			
Company name:			
Address:			
City:	State:	Zip	Code:
Phone:	Fax:	Ema	ail:
Type of account:			
Company name:			
Address:			
City:	State:	Zip	Code:
Phone:	Fax:	Ema	ail:
Type of account:			
AGREEMENT			
 All invoices are to be paid 30 days from the date of the invoice. Past due invoices are subject to interest charges of 1.5% at 30 days past due and .5% every 10 days thereafter. Claims arising from invoices must be made within five working days. By submitting this application, you authorize Simply Products to make inquiries into the banking and business/trade references that you have supplied. In the event the account is default and legal action is required to collect past due amounts, I (we) agree to pay all attorney's fees, court costs, suit fees, etc. including the CONSTITUTE OF THE PERSON CONSTITUTE OF THE P			
SIGNATURES			
Tialo		Title	
Title:	Title:		
Date:	Date:		