

**CREDIT APPLICATION**

Business Name: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal ID # \_\_\_\_\_ D&B # \_\_\_\_\_ MCC# \_\_\_\_\_

Tax Exempt # \_\_\_\_\_ State: \_\_\_\_\_

**BANK REFERENCES**

Bank Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Account # \_\_\_\_\_ Consent to release information: Y N (circle one)

**TRADE REFERENCES (list at least three)**

Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CUSTOMER INFORMATION**

Date company started: \_\_\_\_\_ Type or business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Est. annual sales: \_\_\_\_\_

Legal Nature: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship

Contacts: Purchasing \_\_\_\_\_ Receiving \_\_\_\_\_

Accounts Payable \_\_\_\_\_ CFO/Controller \_\_\_\_\_

What Credit Line do you feel would best suit your needs? \_\_\_\_\_

Terms and Conditions: Our terms are 15 days from date of invoice. All past due balances are subject to an 18% annual finance charge. All legal fees expanded by PSI in connection with collecting outstanding balances with the above credit applicant will be reimbursed to PSI by the applicant. The undersigned agrees to the above terms and conditions and is authorized to act on behalf of the applicant.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE