



Application For Open Account

Company Name:	Phone:	Fax:
Address:	City / State:	Zip Code:
Accounts Payable Contact:	Email Address:	
Type of Business:	Length of time in business:	
Bank Information:	Phone:	
Address:	City / State:	Zip Code:

Credit Preferences

1.) Name:	Phone:	Fax:
Address:	City / State:	Zip Code:
2.) Name:	Phone:	Fax:
Address:	City / State:	Zip Code:
3.) Name	Phone:	Fax:
Address	City / State:	Zip Code:
State Sales Tax Exemption #	City #	
State Contractors License #	Federal ID #	

I understand the monthly accounts are payable 30 days following the purchase, and I agree to pay all invoices promptly when due. Invoices become delinquent 30 days from date of invoice. Invoices over 45 days are subject to monthly compounded interest rate of 1.8 percent. In the event that legal action of Liens become necessary or the services of a collection agency are needed to collect my/our account, I and/or we agree to pay all expenses incurred such as collection fees, lien fees, attorney fees, and court costs.

Date:	Signature of Applicant:
Title:	Print Name: