

Estimated credit requirements per month: _____ \$ payment term: Net 30 DAYS

AND APPLICANT

Legal Name: _____

Mailing address: _____

Telephone: () _____ Fax: () _____ Website: _____

Type of business: Corporation Partnership Proprietorship Other _____

Year Business Began: _____ Sales Rep: _____

Principals Name: _____ Title: _____

 Name: _____ Title: _____

Associated/Related Companies:

Name: _____ City: _____

A/P Contact: _____ ext.

TRADE REFERENCES (3 major suppliers)

	Name	Address	Telephone number
1)			Tel.: Fax:
2)			Tel.: Fax:
3)			Tel.: Fax:

BANK: Name: _____ Account #: _____

Address: _____ Tel #: () _____

Contact: _____ Fax. #: () _____

Annual Sales: _____ **# of Employees:** _____

ELECTRONIC FUNDS TRANSFER: Yes No

The undersigned certifies the above information to be true. The undersigned consents to the obtaining of credit and/or personal information as may be required at any time in connection with the credit hereby applied for or any renewal or extension thereof and to the disclosure of any credit information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations. IPS inc.. Reserves the right to revoke credit privileges at any time without notice. The undersigned further acknowledges that he/she has the authority to so bind the applicant.

Dated at.....this.....day of.....20.....

Print name..... Signature..... Title.....