



CREDIT APPLICATION

Accounts Payable Contact: _____

Email: _____

How did you hear about us? _____

I. COMPANY INFORMATION

Company Name: _____	
Company Address: _____	
Telephone: _____	Fax: _____
Type of Business (Partnership, Corp.): _____	Years in Business: _____

II. PARTNERS OR CORPORATION OFFICERS

Name	Title	Telephone

III. BANK REFERENCES

Bank Name & Address	Account Number(s)	Contact Name & Phone

IV. TRADE REFERENCES (Vendors Only) MUST INCLUDE FAX #S OR EMAIL **

1.	Ph.	Fax.
2.	Ph.	Fax.
3.	Ph.	Fax.
4.	Ph.	Fax.
5.	Ph.	Fax.

****IMPORTANT: In order to avoid delay in credit approval, please verify that all fax numbers or email addresses are correct.**

I certify that the proceeding information is true and correct, and that I can and will comply with the terms and conditions of such credit as expected by Crosby and Overton, Inc. Standard Terms Granted are NET 30 days, with a delinquency of 1.5% per month (18% per annum) on account balances past due after 30 days, plus all costs of collections, suit and reasonable attorney fees. Customer hereby authorizes Crosby & Overton, Inc. to contact any or all of the above listed banks and trade references for credit verification purposes. References with incomplete/inaccurate information will not be contacted.

Signature: _____ Title: _____

CORPORATE OFFICER/OWNER, ONLY

Pease print name: _____ Date: _____