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## APPLICATION FOR CREDIT

Fax to: (602) 230-8664

<b>BUSINESS DATA</b>	FULL NAME OF FIRM: _____ DATE: _____ <small>(GIVE COMPLETE NAME AS REGISTERED TO DO BUSINESS)</small> NAME OF OWNER OR PARENT _____ CO. IF SUBSIDIARY: _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE ( ) _____ FAX ( ) _____ YEAR ESTABLISHED? _____ ACCOUNTS PAYABLE CONTACT _____ <i>BUSINESS IDENTITY - CHECK ONE</i> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> STATE TRANSACTION PRIVILEGE TAX # _____ CITY TAX # _____ FEDERAL I.D. # _____ SOCIAL SECURITY # _____ OWNER/PRESIDENT _____ <small style="display: flex; justify-content: space-between; width: 100%;"> <span>NAME</span> <span>ADDRESS</span> <span>HOME PHONE</span> </small> ESTIMATED LINE OF CREDIT REQUIRED \$ _____	OFFICE USE ONLY Credit Approved <input type="checkbox"/> More Info needed <input type="checkbox"/> C.O.D. <input type="checkbox"/> DATE: _____ LIMIT: _____ Reason: _____ _____ _____ Comments _____ _____ Resale: YES <input type="checkbox"/> NO <input type="checkbox"/> STATE NO. _____ CITY NO. _____
	<b>BANKING</b> BANK NAME _____ BRANCH _____ PHONE ( ) _____ CHECKING ACCOUNT # _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PERSON TO CONTACT _____ TITLE _____	
<b>REFERENCES</b>	SUPPLY THREE CREDIT REFERENCES WHOM YOU ARE ON AN OPEN ACCOUNT BASIS WITH: (PLEASE COMPLETE ALL BLANKS)	
	NAME _____ ADDRESS _____ CONTACT _____ PHONE ( ) _____ FAX ( ) _____ NAME _____ ADDRESS _____ CONTACT _____ PHONE ( ) _____ FAX ( ) _____ NAME _____ ADDRESS _____ CONTACT _____ PHONE ( ) _____ FAX ( ) _____	

Applicant agrees that extension of credit by seller shall be subject to and in consideration of the following: 1. Terms are that which are stated on the invoices. All amounts are due in accordance with said terms. 2. Past due balances are subject to a service charge of a maximum penalty permitted by state law and not less than \$1.00. 3. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent charges and legal fees shall be paid by the applicant. 4. The undersigned agrees to the terms and conditions stated herein. 5. The undersigned hereby authorized the above mentioned companies and banks to release the information requested.

PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Typing in your name acts as your signature.