



613 DELAWARE AVE. | P.O. BOX 1267 | CHARLESTON, WV 25325-1267
PHONE: (304) 343-4601 | FAX: (304) 342-2160

CREDIT APPLICATION

COMPLETE FIRM NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

PARTNERSHIP SOLE PROPRIETOR CORPORATION WHAT STATE: _____

NAME OF PARENT COMPANY IF SUBSIDIARY: _____

AS APPLICABLE, LIST NAME(S) OF CORPORATE OFFICER(S), PARTNER(S), OR OWNER(S)

NAME	ADDRESS	POSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____

DESCRIBE PRODUCTS OR SERVICES SOLD: _____

HOW LONG IN BUSINESS? _____ HOW LONG AT PRESENT LOCATION? _____

NUMBER OF EMPLOYEES: _____ ANTICIPATED PURCHASES: _____

PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE: _____

TAX EXEMPT? _____ (IF SO, PLEASE ENCLOSE A TAX EXEMPT FORM)

BANK INFORMATION

NAME: _____ ADDRESS: _____

PHONE: _____ PERSON TO CONTACT: _____ ACCT. #: _____

NAME: _____ ADDRESS: _____

PHONE: _____ PERSON TO CONTACT: _____ ACCT. #: _____

TRADE REFERENCES

NAME: _____ ADDRESS: _____
 PHONE: _____ FAX: _____
 NAME: _____ ADDRESS: _____
 PHONE: _____ FAX: _____
 NAME: _____ ADDRESS: _____
 PHONE: _____ FAX: _____

I (WE) PROMISE TO PAY MY ACCOUNT IN FULL WITHIN THE TERMS STATED ON THE APPLICABLE INVOICES. IF, HOWEVER, THIS ACCOUNT IS NOT PAID AS AGREED, I (WE) AGREE TO PAY IN ADDITION TO THE FOREGOING, A REASONABLE ATTORNEY’S FEE, OR IF THIS ACCOUNT IS PLACED IN THE HANDS OF A COLLECTION AGENCY, I (WE) ACKNOWLEDGE THAT YOU WILL BE DAMAGED THEREBY TO THE EXTENT OF THE COLLECTION CHARGES AGAINST YOU AND I (WE), THEREFORE, AGREE TO PAY YOU, AS LIQUIDATED DAMAGES, AN AMOUNT EQUAL TO THE AMOUNT CHARGED AGAINST YOU ON SAID COLLECTION BY SAID COLLECTION AGENCY, NOT EXCEEDING, HOWEVER, FIFTY PERCENT OF THE AMOUNT UNPAID THERON, AND ALSO A REASONABLE ATTORNEY’S FEE. FURTHERMORE, IN THE ABSENCE OF AN AGREEMENT TO THE CONTRARY, I (WE) AGREE TO PAY A FINANCE CHARGE OF 1-1/2% PER MONTH OR WHATEVER STATE MAXIMUM IS ALLOWED ON ALL INVOICES NOT PAID ACCORDING TO TERMS.

FOR VALUE RECEIVED EACH AND EVERY PARTY WHO SIGNS THIS AGREEMENT OR BECOMES LIABLE EITHER NOW OR HEREAFTER FOR THE PAYMENT OF THIS AGREEMENT SEVERALLY WAIVES PRESENTMENT, DEMAND, PROTEST AND NOTICE OF NON-PAYMENT HEREOF, BINDS HIMSELF HEREON AS THE PRINCIPAL AND NOT AS SURETY AND AGREES TO REMAIN BOUND HEREON NOTWITHSTANDING ANY EXTENSION THAT MAY BE MADE TO ANY PARTY LIABLE HEREON. AT THE OPTION OF THIS HOLDER HEREOF, THE VENUE OF SAID SUIT MAY BE LAID IN THE COUNTY OF THE RESIDENCE OF THE HOLDER.

YOU ARE HEREBY AUTHORIZED TO CONTACT ANY OR ALL OF THE STATED REFERENCES REGARDING OUR CREDIT STANDING. I UNDERSTAND THE ABOVE CREDIT TERMS AND POLICY AS STATED.

FIRM: _____
 BY: _____ TITLE: _____ DATE: _____

THE UNDERSIGNED BEING _____ OF THE APPLICANT COPORATION (DOES) DO HEREBY AGREE TO THE ABOVE TERMS AND CONDITIONS AND ASSUMES PERSONAL RESPONSIBILITY FOR PAYMENT OF SAID CORPORATION’S ACCOUNT. IT IS UNDERSTOOD THAT CREDIT WOULD NOT BE EXTENDED TO SAID CORPORATION WITHOUT THIS ASSUMPTION OF LIABILITY.

SIGNED: _____ DATE: _____