



CREDIT APPLICATION

LEGAL NAME _____

D.B.A. (Doing Business As) _____

Billing Address _____
Street City State Zip

Delivery Address _____
Street City State Zip

MAIN Telephone # _____ Fax # _____

Type of Ownership: Individual Partnership Corp. LLC # of Years in Business _____

Federal ID # or Social Security # _____ State & Year of Incorporation _____

Controller _____ President _____ Vice President _____

D & B Rating _____ Acct Pay Contact Person _____ Ext # _____

Nature of Business _____ Amount of MONTHLY Credit Desired: \$ _____

Has the Company or Owners previously filed for bankruptcy? Yes ___ No ___

INVOICING INFORMATION

PO's Required? Yes ___ No ___ Statements Required? Yes ___ No ___ Taxable? Exempt? (Enclose SIGNED Form)

TERMS: OPEN ACCOUNTS-N/30 from invoice date. Service charge of 1.5% per month (18% annual) on past due accounts. OUR TERMS WILL GOVERN ON ALL TRANSACTIONS, and supersede any inconsistent or additional terms in any document or form received from the customer or otherwise expressed. Customer is responsible for any legal, court or collection agency fees incurred in trying to collect delinquent accts. \$10.00 Service Charge on all "returned" checks.

BANK REFERENCE (Acct #, Phone & Fax required)

Name _____ Acct # _____ Acct # _____

Address _____

Contact _____ Telephone # _____ Fax # _____

Checking Savings Loan Line of Credit

TRADE REFERENCES (Fax # is required!!)

Name _____ Telephone# _____

Address _____ Fax# _____

City, State, Zip _____ Contact _____

Name _____ Telephone# _____

Address _____ Fax# _____

City, State, Zip _____ Contact _____

Name _____ Telephone# _____

Address _____ Fax# _____

City, State, Zip _____ Contact _____

All information will be kept in strictest confidence. Applicant's signature attests financial responsibility of above company, and ability and willingness to pay in accordance with the terms stated above. The above information is warranted to be true. I hereby authorize H. C. Miller Company to investigate the above references pertaining to credit and financial responsibility.

SIGNATURE

PLEASE TYPE NAME / TITLE

DATE