



# APPLICATION FOR CREDIT TERMS

## Account Information

Company Name: \_\_\_\_\_ dba: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Physical Address (if different than above): \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Website: \_\_\_\_\_  
 Accounts Payable Contact: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_  
 Parent Company (if any): \_\_\_\_\_

## General Business Information

Type of Products / Services Offered: \_\_\_\_\_  
 Type of Business: ( ) Corporation ( ) Partnership ( ) Individual Federal ID #: \_\_\_\_\_  
 SIC Code: \_\_\_\_\_ Dun & Bradstreet #: \_\_\_\_\_ Parent Co. D & B #: \_\_\_\_\_  
 Total # of Employees: \_\_\_\_\_ # of Employees at this Location: \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ Estimated Annual Sales: \_\_\_\_\_  
 Are you exempt from Sales and/or Use tax on items purchased from 2/90 Sign Systems? ( ) Yes ( ) No  
 If Yes, Please attach Tax Exemption Certificate.

Company Officer Names: \_\_\_\_\_ Titles: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Bank Reference

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Trade References (Please provide full company name, address, fax #, contact person)

	<u>Name</u>	<u>Address</u>	<u>Fax #</u>	<u>Contact</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

The information provided is for the purpose of obtaining credit and is warranted to be true. Authorization is hereby given to 2/90 Sign Systems to investigate the information and contact the listed references and/or credit information agencies regarding the credit and financial responsibility of the applicant. The undersigned acknowledges that, when the credit is extended, the following terms and conditions will be met:  
 Terms of Credit are NET 30 Days. All invoices must be paid within (30) days of shipment. Any invoices not paid within (30) days of shipment shall accrue interest at the rate of (18%) per annum, commencing with the (31st) day and continue until payment is made unless such interest charge is prohibited by law. Past due balances may result in orders being held. In the event of payment default, applicant will be held liable for any expenses related to collection.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_

## FOR ACCOUNTING DEPT. USE ONLY

D&B RATING: \_\_\_\_\_ PAYDEX: \_\_\_\_\_ YEAR EST: \_\_\_\_\_  
 REFS SENT: \_\_\_\_\_  
 WELCOME / DENY CONTACT: \_\_\_\_\_

CREDIT ( ) APPROVED ( ) DENIED  
 AUTHORIZATION AND DATE: \_\_\_\_\_  
 CREDIT LIMIT: \$ \_\_\_\_\_  
 REASON: \_\_\_\_\_  
 \_\_\_\_\_