



## CREDIT APPLICATION FOR NEW CUSTOMERS

Please complete all information requested to ensure timely processing of this request.

### CUSTOMER BILLING INFORMATION

Legal Business/Individual Name:		Federal Tax ID/SSN #:	
Telephone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
A/P Contact Name:	A/P Phone #:	A/P Email:	
Number of Years in Business:	Amount of credit requested: \$		
Sole proprietorship:	Partnership:	Corporation:	Other:
Tax Exemption:			

### BUSINESS AND CREDIT INFORMATION

Primary business address:		
City:	State:	ZIP Code:
How long at current address?		
Telephone:	Fax:	E-mail:
Type of Industry:		
Estimated Annual Sales:		
Bank name:		
Bank address:	Phone:	
City:	State:	ZIP Code:
Bank Contact:		

### BUSINESS/TRADE REFERENCES

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		

### AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. A finance charge of 1.5% will be charged for balances 15days past due.
2. By submitting this application, you authorize The Delivery People to make inquiries into the banking and business/trade references that you have supplied, as well as periodic credit checks.
3. Faxed application is deemed to be original. No oral agreements or modifications will be accepted.
4. The Delivery People reserves the right to revoke credit, demand payment in full, and/or reduce the credit line amount. If reasonable collection or legal action is deemed necessary by The Delivery People to receive monies owed, the collection or legal fees shall also be charged to, and paid by the above person, business, or organization.
5. Signature below is an acceptance of terms and conditions set forth in this agreement and certification that information on this form is correct.

### SIGNATURES

Applicant Name: Signature: Date:	Name and Title of Authorized Signor: Signature: Date:
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