



CREDIT APPLICATION

Account Executive \_\_\_\_\_ Account # \_\_\_\_\_ Approval Date \_\_\_\_\_

For Company Use Only

FIRM NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AREA CODE & PHONE \_\_\_\_\_ ACCOUNTS PAYABLE EXT. \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_ D & B RATING \_\_\_\_\_

TYPE OF ORGANIZATION

Corporation CO-PARTNERSHIP LIMITED PARTNERSHIP INDIVIDUAL PROPRIETOR

PLEASE INDICATE REQUESTED CREDIT LINE \$ \_\_\_\_\_

IF CORPORATION - INCORPORATED UNDER LAWS OF WHAT STATE \_\_\_\_\_

PRINCIPAL OWNERS OR OFFICERS NAMES \_\_\_\_\_ TITLE OR POSITION \_\_\_\_\_

If applicant is a Corporation - I/We agree to be jointly and severally responsible for all debts incurred.

YOUR BANK Name Title ADDRESS Account No. Phone No. Bank Officer

WE ARE A NEW BUSINESS - MY LAST TWO EMPLOYERS WERE LOCATION HOW LONG EMPLOYED 1. 2.

FIRMS WE NOW HAVE OPEN ACCOUNTS WITH ADDRESS CITY/STATE/ZIP PHONE NO.

It is herewith agreed, the credit terms for all invoices issued by QUANTUM/SUR International Marketing, will be 2% within 10 days net within 30 days. It is further agreed that if such payment is not made within terms a SERVICE CHARGE of 1-1/2% per month (ANNUAL RATE OF 18%) of the unpaid balance will be added to the amount due.

In case of default I/we agree to pay QUANTUM/SUR International Marketing all costs and expenses of collection including the maximum attorney's fee permitted by law.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for refusal or cancellation of credit.

DATE \_\_\_\_\_ SIGNED BY \_\_\_\_\_ TITLE \_\_\_\_\_