

APPLICATION FOR CREDIT



225 Fifth St.
Benton Harbor, MI 49022
(269) 925-0633 FAX (269) 925-0639
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thayer@qtm.net

The below information must be completed in full before we can process this credit application. Your signature is required to legally confirm that you have authorized this extension of credit. In consideration of extension of credit, debtor agrees to credit terms specified on invoice and in the event the creditor brings suit on any debt owed by debtor, the creditor is entitled to recover in addition to the amount of the debt, its cost, attorneys fees, and where applicable, any interest allowed.

Business Name: _____
Full Address: _____
Telephone Number: _____ Fax Number: _____
Bank Reference: _____ Contact: _____
Address: _____ Phone Number: _____

*If you do not provide business references, your account will be **COD**.*

1. Business Reference: _____ Contact: _____
Address: _____ Phone Number: _____

2. Business Reference: _____ Contact: _____
Address: _____ Phone Number: _____

3. Business Reference: _____ Contact: _____
Address: _____ Phone Number: _____

4. Business Reference: _____ Contact: _____
Address: _____ Phone Number: _____

Federal Tax ID Number: _____ Do you pay tax? _____

Nature of business _____

Years in business _____ Name of Owners/Officers: _____

Name of accounts payable person: _____

Our credit terms are NET 30.

I understand there are service charges for all unpaid balances over 30 days AND I agree to pay these charges.

I (we) certify that the information on this form is correct. Date _____

Signature: _____ Title: _____

PLEASE PROVIDE DELIVERY INFORMATION ON THE REVERSE.