



inlandaquatechnologies

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CONFIDENTIAL CREDIT APPLICATION

DATE:

BUSINESS:

Name:

Billing Address:

City:

State: Zip:

Type of business:

If branch or division, location of home office:

FOR OFFICE USE: NEW/UPDATE
Customer Number:
Credit Limit Amount:
Approved By: Date:

If exempt, please attach Tax Exempt exemption certificate. Taxable
Corporation State Inc:
Individual Business

Fed. ID/Soc. Sec #:

Date business began:

Business Phone:

Business Fax:

PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE: Phone: ( )

ARE PURCHASE ORDERS REQUIRED? Y N Authorized by:

CREDIT REFERENCES:

1) Firm:
Address
City: State:
Phone: ( ) Zip:
Fax: ( )

3) Firm:
Address:
City: State:
Phone: ( ) Zip:
Fax: ( )

2) Firm:
Address
City: State:
Phone: ( ) Zip:
Fax: ( )

4) Firm:
Address:
City: State:
Phone: ( ) Zip:
Fax: ( )

BANK: (Please complete bank reference section on other side.)

(continued on next page - not valid unless signed)

TERMS AND CONDITIONS:

It is agreed the buyer will pay all invoices within stated terms and agrees to all terms contained in invoices supplied by seller as may be amended from time to time.

**PAYMENT TERMS:**

Payment of all merchandise is net and is due within 30 days of date of shipping or will call unless otherwise indicated.

**RETURNED CHECKS:**

There will be a \$25.00 charge for all checks returned for whatever reason.

**AMOUNT OF CREDIT REQUESTED:**      \$ \_\_\_\_\_

**BY SIGNING BELOW I AGREE AND ACKNOWLEDGE THAT I HAVE READ AND ACCEPT THE TERMS OF SALE AS DEFINED IN THIS DOCUMENT.**

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize our references and bank to release any information necessary to assist in establishing a line of credit.

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed name: \_\_\_\_\_

**BANK REFERENCE:**

Bank Name: _____	Bank Acct No: _____
City: _____	Phone: _____
State: _____ Zip: _____	Fax: _____ Contact: _____

(A copy of this form will be considered a bona fide authorization)