



Custom Solutions!

# Credit – New Account Application

Legal Company Name: \_\_\_\_\_ Business Type: \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_

Street Address: \_\_\_\_\_ Ship To Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

## General Information:

Number of Sales people: \_\_\_\_\_ # of jobs per week: \_\_\_\_\_

Date Established: \_\_\_\_\_ Desired line of Credit? \_\_\_\_\_

Tax Exempt?  Yes  No If yes, please attach a copy of your tax-exempt certificate.

## Please check one of the following:

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Other(Specify) \_\_\_\_\_

Federal ID # \_\_\_\_\_ Year Incorporated: \_\_\_\_\_

## Owners or Officers:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ SS#: \_\_\_\_\_



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### Banking Information:

Bank Name: \_\_\_\_\_ Bank Address: \_\_\_\_\_

Bank Phone#: \_\_\_\_\_ Bank Fax#: \_\_\_\_\_

Checking Account Type:  Personal  Business Account #: \_\_\_\_\_

Bank Contact Name: \_\_\_\_\_ Bank Contact #: \_\_\_\_\_

### Trade References:

1. Firm Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

2. Firm Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

3. Firm Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

4. Firm Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## Credit – New Account Application

Has this company filed bankruptcy or in the process?                      Yes                      No

The above information is submitted for the purpose of establishing a customer account with Closetpro, Inc. I hereby certify this information to be true and acknowledge that any debt incurred by our company with Closetpro, Inc. will be paid according to the terms agreed upon. If any debt to Closetpro, Inc. is not paid when due, I further agree to pay all costs of collection, including reasonable attorney fees, whether or not a lawsuit is commenced as part of the collection process.

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETE FORM/PRINT AND FAX FOR IMMEDIATE CONSIDERATION TO:**

**Fax: (864) 231-0990**