

APPLICATION FOR CREDI	T
Company Name:	Date: //
Address: State Zip	
Year of Origin Type of Organization \sqcup In	idividual \square Partnership \square Corporation
Sales Tax Exempt \(\Bar\) No \(\Bar\)Yes If exempt, supply	y certificate of exemption Cell #
Owner's Name:	
LIST THREE CREDIT REFERENCE These must be three businesses you currently have contained to the contained to	harge privileges with.
1.) Name:	
Acct #	Fax #
2.) Name:	Phone #
Acct #	Fax #
3.) Name:	Phone #
Acct #	Fax #
Bank	Phone #
The Applicant listed above has applied for credit w	
Ву:	
By:(Signature of Officer, Owner or Part	iner)
JOB SITE INFORMATION	
Foreman / LeadUse back for any additional information	Cell #
Accounts Payable Contacts	
Name:	Phone #
e-mail:	
Name:	
e-mail:	



CREDIT TERMS

All invoices are due NET 15th of the month, Finance charges of 1 ½% per month (18% annually) will be added for over 30 days. Plaisted Companies, Inc. reserves the right to charge a service fee on all NSF check returns. I (we) agree to pay all costs, expenses and attorney's fees relating to the collection, or attempts of collection, of amounts owed to Plaisted Companies Inc. or any of its affiliates. I certify that all information on this application is correct and that I fully understand the credit terms as stated in this application. I (we) agree to proper payment as invoiced in consideration for credit extended.

Legal Nar	ne of Firm		
	By:(Signature of Offi		
setoff, co	undersigned personally guarantee	es to pay, with interest and fin	ance charges without deduction for any claim, or attempts thereof, of the above account with
Signed: _	Individual Guarantor	Individual Guarantor	Date:/
Printed: _	Individual Guarantor	Individual Guarantor	
	Approved Denied	or Office Use Only Accour	nt#
Ву:		Date:	