

**CREDIT APPLICATION**

Business Name		Credit Amount Requested \$	
Business Type	Years at this Address	Federal Tax ID #	
Phone ()	Fax ()	Email	
Billing Address	City	State	Zip
Shipping Address	City	State	Zip
.....			
Does State, County, or City require a License	No	Yes	If Yes, License #
OWNERSHIP	Sole Proprietorship	Partnership	Corporation: State
PRINCIPAL Name	Title	Social Security #	
PRINCIPAL Name	Title	Social Security #	
Number of Employees	Estimated Annual Sales	Date Established	
Other companies with same owner			

CREDIT REFERENCES

Companies providing goods or materials on an open account are requested. Please omit large auto parts wholesalers, banks / financial, attorneys, or utilities.

Company Name	Type of Business		
Company Address	City	State	Zip
Contact Name	Email	Phone ()	
.....			
Company Name	Type of Business		
Company Address	City	State	Zip
Contact Name	Email	Phone ()	
.....			
Company Name	Type of Business		
Company Address	City	State	Zip
Contact Name	Email	Phone ()	
.....			
Company Name	Type of Business		
Company Address	City	State	Zip
Contact Name	Email	Phone ()	



Has the firm or any of its principals ever been Bankrupt? No Yes

If yes, please explain:

CONDITIONS:

1. Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.
2. In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed of Net 30 days and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred.
3. All claims for adjustments or shortages must be made within 7 business days of receipt of goods. Items returned for refund or replacement must be received within 30 days of purchase date and include a copy of the invoice.
4. Statements are sent at the end of every month via email. A valid email must be kept on file at all times. Please immediately notify us of any changes.
5. Application is subject to written approval by Brock Supply Co. Credit may be cancelled or suspended at any time.

I have read and hereby agree to the above terms and regulations. Only signatures by Owner(s) or Officer(s) of the company will be accepted.

Name of Business

Print Name Owner/Officer Signature

Print Name Owner/Officer Signature

Monthly Statement Email Address

Statements are sent via email. Please enter the correct email address to receive your monthly statements.

Personal Guarantee

In consideration for Brock Supply Co. extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Brock Supply Co. by the business identified below whether said sums are due under open account, contract or otherwise.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by Brock Supply Co. Said notice shall specify the date on which this guaranty is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Name of Business whose account is guaranteed Name of person guaranteeing payment Social Security #

Home Address ()
Home Phone #

Signature of person guaranteeing payment Date

FOR OFFICE USE ONLY

Line of Credit Approved / Denied

Approved By _____ Date _____

Credit Limit _____

Account No. _____

Class _____

Sales ID _____

Comments
