



Customer Application for Net 30 Day Credit Terms

We may accept a preexisting Credit Reference Sheet in place of this form, provided that all required information is included.

Credit Applicant Information:

Applicant (Company) Legal Name:	Primary Phone Number:	In business since:
Primary Billing Address:	Primary Ship-To Address:	Tax ID #:
		Type of Organization: <i>(Check all that apply.)</i> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Not-for Profit <input type="checkbox"/> Other (Describe):
Accounts Payable Contact Person: Name:	Has the entity named above or any of its principal owners declared bankruptcy in the past 10 years?	
Phone:		
Email:		

Trade & Bank References (Vendors, Suppliers, Services Providers who have granted you credit terms):

Company Name:	Company Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Contact Person:	Contact Person:
Phone Number:	Phone Number:
Number of years you've worked with them:	Number of years you've worked with them:
Company Name:	<i>BANK Name:</i>
Address:	<i>Address:</i>
City, State, Zip:	<i>City, State, Zip:</i>
Contact Person:	<i>Contact Person:</i>
Phone Number:	<i>Phone Number:</i>
Number of years you've worked with them:	<i>Number of years you've worked with them:</i>

General Payment Terms:

Payment due in full in Net 30 Days from the date of invoice. Past due accounts are subject to a late payment charge of up to 2% per month plus collection fees, and automatically revert to pre-payment (no credit) terms.

Authorization:

By signing below, I certify that the above information is true and correct; I agree to the terms; and I authorize The Electrode Store to contact the above trade and bank references regarding our credit.

Authorized Signature	Printed Name	Title	Date