



Credit Application

OPEN ACCOUNT APPLICATION & AGREEMENT

Name of Company

Company Address Street City State Zip

Customer Number/ Gross Annual Sales Number of Years In Business

Type of Organization Proprietorship Partnership
 Individual Corporation Other _____

Company Phone # Company FAX #

BANKING INFORMATION

Bank Name Bank Address Bank Officers Name

Type of Relationship: Checking Savings Loan Account Numbers

AUTHORIZING OFFICER INFORMATION

Name of Authorizing Officer Credit Limit Desired

Authorizing Officer must be one of the following (check one):
 Pres./ Chairman Vice President Treasurer Owner Partner

Home Address Street City State Zip

Date of Birth Social Security Number Home Phone

Name of Owner

Owners Home Address Street City State Zip

Owners Date of Birth Owners Social Security Number Owners Home Phone

CREDIT REFERENCES: (Give only names of those you buy from on open account)

Company Name Account Number Phone Number

Company Name Account Number Phone Number

Company Name Account Number Phone Number

TERMS AND CONDITIONS

The Annual Percentage Rate-(APR) is 18% on the past due balance. NET 30 Terms, payment is to be received in full within 30 days from the invoice date.
Late Payment Fee - The fee is \$5 for each billing period in which all past due charges are not paid in full.
Bad Check Fee - There is a \$30.00 fee if a check payment is not honored, or we must return it because it cannot be processed.

The Corporation, Partnership or Sole Proprietor(s) requests that The Dust Patrol establish an open account ("Account") and represents and agrees as follows, that (1) all the information is correct: (2) The Dust Patrol is authorized to investigate and obtain and exchange reports on all Employees and all other persons liable on the account regarding this application or resulting account with credit reporting agencies and others: (3) accounts may be issued to the Authorizing Officer: (4) acceptance or use of this Account constitutes agreement to the terms and conditions of the The Dust Patrol Open Account Agreement.

This application must be signed by an officer, partner, or proprietor of the company with the authority to bind the company to the terms of this agreement. Title must be indicated. Where he or she signed the application, and it is signed only once, he or she will be signing both as the individual Applicant and the authorizing officer.

I HAVE READ THIS AGREEMENT AND AGREE WITH ITS TERMS

Signature and Title of Authorizing Officer Date

Minimum Opening Order \$250 - Minimum Annual Volume \$500