

Elite Woodworking - P: 623-780-2724 * F: 623-780-8080

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Credit Application:

(Name) _____
(Address) _____ Zip _____
Corporation _____ Partnership _____ Sole Proprietor _____ Phone# _____
Name & Address of all Principals (Proprietor, Partners, or Officers)
S.S.# _____
S.S.# _____
S.S.# _____
City License No. _____ Arizona Resale No. _____
Date business started: _____ Any prior businesses? _____
Incorporation date and state: _____
Do you own or lease your operating premises? _____
Expected monthly purchase \$ _____ Amount credit desired? _____

REFERENCES:

a) **BANKS** IN WHICH APPLICANT HAS ACCOUNTS (NAME,, ADDRESS AND PHONE NUMBER)

_____ # _____
_____ # _____
_____ # _____

b) **BUSINESSES** presently selling to applicant on open account:

<i>Name</i>	<i>Mailing address</i>	<i>Telephone</i>
_____	_____	_____
_____	_____	_____

Any misrepresentation in this application will be considered evidence of fraud since this information is the basis for the granting of credit. Elite Woodworking is authorized to investigate the credit references listed. We herein make application to Elite Woodworking for credit and/or to update and reconfirm our existing accounts and balances. Applicant will pay for each purchase according to the terms of credit with Elite Woodworking in effect at the time of each such purchase. Applicant also agrees to pay collections fees and reasonable attorney fees if legal action is brought forth in addition to the amount of the obligation. Terms are NET 30. A service charge of 1.75% per month (21% annual rate) will be charged on invoices over 30 days. Additional fees will also be collected if check is returned. If applicant is a corporation, the persons signing below agree that they are personally responsible for all obligations arising hereunder and guarantee payment of said debit.

Date: _____
Guarantor Printed Name

Date: _____
Guarantor Printed Name