



**CREDIT APPLICATION**

Company Name: \_\_\_\_\_ Year Est: \_\_\_\_\_ Tax ID: \_\_\_\_\_ - \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Main Phone: \_\_\_\_\_ Main Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 A/P Contact: \_\_\_\_\_ A/P Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Corporation     Proprietorship     Partnership     Other  
 Has your company ever filed for Chapter 7 or Chapter 11? \_\_\_\_\_

You must include either a fax number or email address for each reference, including your company's bank reference. Failure to provide this information may result in a delay in setting up the account with us. Please include an account number for each reference, if available.

Bank Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION**

I authorize the references listed above to release credit information about my company. All information obtained by Passy-Muir, Inc. from these references will be kept confidential.

I hereby apply for a credit account with Passy-Muir, Inc. I am authorized by my company to request such an account. I understand that my company will be responsible for any and all legal fees incurred by Passy-Muir, Inc. for the collection of any delinquent invoices to my company. I further understand the terms of sale are Net 30 Days from the date of invoice and that delinquent invoices over 90 days will be charged a finance fee of 1.5% per month (18% annually). At the discretion of Passy-Muir, Inc., my company may be placed on a prepay status or credit hold for delinquent payment.

**SIGNATURE:** \_\_\_\_\_ **NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_