



## CREDIT APPLICATION FORM

Please complete, sign, and return this form along with your Credit References

<b>Billing Address</b>		<b>Office Address:</b>	
Customer ID			
Company Name		Company Name	
Street Address		Street Address	
City		City	
Telephone		Telephone	
E-mail		E-mail	
<b>General Information</b>			
Principal/Owner	ID/PP/DP #	Email	Phone No. & Ext
Company Composition <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation			
Expected Monthly Purchase	At Present Location Since Date	Premises Leased <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Of Credit Desired
<b>Ordering Information</b>			
Are Written Purchase Orders Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Merchandise for Resale? <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration #, please provide Copy of Certificate	
Purchasing Agent	Fax	Email	Phone No. & Ext
Accounts Payable Contact	Fax	Email	Phone No. & Ext
<b>Credit References</b>			
Name of Reference (1) Account Manager (1)		Phone No.	
Name of Reference (2) Account Manager (2)		Phone No.	
Name of Reference (3) Account Manager (3)		Phone No.	
<b>Main Bank Information</b>			
Bank Name	Branch Name	Bank Contact Officer	Phone No & Ext
Bank Address	City	Type of Account and Account No.	
<b>Terms and Conditions</b>			
All accounts are COD until a credit application has been completed, reviewed, and approved.			
<b>Acceptance and Approval</b>			
Signing this agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize Stanmark Ltd to make any and all inquiries necessary to process this Credit Application.			
Name of Authorized Representative		Title	
Agreed and Accepted, Signed		Phone No. & Extension	Date