

# APPLICATION FOR CREDIT

## COMPANY INFORMATION

COMPANY NAME:

ADDRESS LOCATION:

BILLING ADDRESS (if different):

PHONE:

FAX:

ORGANIZATION: CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP LLC

MONTH AND YEAR ESTABLISHED:

FEDERAL ID#

OWNER(S)/CORPORATE OFFICERS:  
(NAME AND TITLE)

PERSON(S) AUTHORIZED TO PURCHASE:

ACCOUNTS PAYABLE CONTACT:

CONTACT PHONE:

CONTACT FAX:

BANK REFERENCE:

BANK NAME:

CONTACT:

ACCOUNT #:

TYPE OF ACCOUNT:

BANK ADDRESS:

BANK PHONE:

BANK FAX:

LIST 3 REFERENCES BY COMPANY, ADDRESS, CONTACT NAME, CONTACT PHONE#, FAX# , EMAIL A

**MAJOR TRADE SUPPLIERS**

**COMPANY NAME:**

**CONTACT:**

**ADDRESS:**

**PHONE:**

**FAX:**

**COMPANY NAME:**

**CONTACT:**

**ADDRESS:**

**PHONE:**

**FAX:**

**COMPANY NAME:**

**CONTACT:**

**ADDRESS:**

**PHONE:**

**FAX:**

**APPLICANT UNDERSTANDS AND AGREES TO MEET INSPECTION PLUG STRATEGIES, LLC'S TERMS OF NET 30 DAYS AND TO PAY ASSESSED SERVICE CHARGES, COLLECTIONS COSTS AND REASONABLE ATTORNEY FEES IN THE EVENT OF DEFAULT.**

**AUTHORIZED SIGNATURE:**

**TITLE:**

**DATE:**

**CREDIT APPLICATION MUST BE SIGNED. THE ABOVE SIGNATURE AUTHORIZES THE RELEASE OF CREDIT INFORMATION.**