

## **CREDIT ACCOUNT APPLICATION**

## Please send a sales tax exempt certificate

Company Name_			Date		
Address					
City		State		Zip	Telephone
#	Fax #		E-Mail		
Business Type: _	Sole proprietorship _	Partnership _	Corporation - In State of		
Number of years	in business				
Name and Address		N/T:41	/Db No	NEC:	
name and Addres	ss of individuals of Parth	iers - Name/ i itie/	/Phone Number of Corporate C	micers:	
Name of Baroon t	ro Contact Bogarding Bu	roboso Ordoro o	nd Invoice Payments, Title, Ado	drace and Phone Nu	mhor
				LIESS AND PHONE NO	ei.
Bank References	:				
					<del>-</del>
Trade References	s: Company Name, Addr	ess, Contact and	Title, Phone and <u>Email</u>		
-					
additional informathis account in ac and payment of company or to colby the laws of the personally and in	tion through contact with cordance with S. R. Sloa ollection charges, attornation the same. The valid State of New York. Any my individual capacity, vequest or any future requ	n the above namen, Inc. credit ten ey fees and cour dation, interpreta disputes shall b will each be liable	correct and authorize you to ve ed or by securing data from a c ms to include payment of finance t costs incurred in any efforts to tion and performance of these be settled in Oneida County. Fu e for all charges, fees, and finar tional accounts. The undersign	credit reporting agend ce charges on past of o enforce payment of terms and conditions urther, The business nce charges on all of	cy. I/We agree to pay ue invoice amounts, sums due by the shall be governed entity and I, the accounts issued
Terms are net 10	days after date of inv	oice. Finance ch	narges of 2% per month are o	harged on amount	s over 30 days.
Signed:				individually and a	ıs (Title)
			of Corporation.		

igned:		 individually and as (Title)
	of Corporation	
ate:		