

Bella moulding CREDIT APPLICATION

Company Name: _____

Purchaser: _____ Email address: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Fax #: _____

Amount of Credit requested: _____ Years in Business _____ P.O.# required? YES NO
Individual _____ Corporation _____ Partnership _____ Tax Exempt? Please attach re-sale certificate.

Hereby applies for credit in accordance with the terms and conditions of Bella Moulding. Credit terms are NET 30 days. Accounts with balances over 60 days will have their credit privileges revoked. Accounts with balances over 90 days will be turned over for collection, applicant agrees to pay any collection costs incurred to collect the unpaid balance, including interest on the unpaid balance as allowed by state law and any reasonable attorney's fees incurred. ***PLEASE DO NOT LIST LARSON JUHL AS A CREDIT REFERENCE. ALSO DO NOT LIST MORTGAGE HOLDERS, CAR LOANS, CREDIT COMPANIES OR UTILITIES.**

Trade References (accounts that you have billing terms with)

Name _____ Phone # _____

Address _____ Fax # _____

City/State/Zip _____ Account # _____

Name _____ Phone # _____

Address _____ Fax # _____

City/State/Zip _____ Account # _____

Name _____ Phone # _____

Address _____ Fax # _____

City/State/Zip _____ Account # _____

Bank Information

Name _____ Phone # _____

Address _____ Fax # _____

City/State/Zip _____ Account # _____

We certify that the above information is true and correct and that we give Bella Moulding permission to verify all references.

Name (please print) _____ Title _____

Signature of above _____ Date _____

OFFICE USE ONLY

Customer # _____ Credit approved for \$ _____ Approved by _____