



3201 Wellington Court, Suite 115 Raleigh NC 27615 ph 919-836-1627 fax 919-834-4526

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Name:
Company name:
Phone: Fax: E-mail:
Registered company address:
City: State: ZIP Code:
Date business commenced:
Sole proprietorship: Partnership: Corporation: Other:

BANK AND CREDIT INFORMATION

Primary business address:
City: State: ZIP Code:
How long at current address? Contact person:
Telephone: Fax: E-mail:
Bank name:
Bank address: Fax:
City: State: ZIP Code:
Credit Line Requested: Fed ID / SS#:

BUSINESS/TRADE REFERENCES (NO CASH OR CREDIT CARD SALES ACCOUNTS)

Company name:
Address:
City: State: ZIP Code:
Phone: Fax: E-mail:
Type of account:
Company name:
Address:
City: State: ZIP Code:
Phone: Fax: E-mail:
Type of account:
Company name:
Address:
City: State: ZIP Code:
Phone: Fax: E-mail:
Type of account:

AGREEMENT

- 1. All invoices are to be paid net 30 days from the date of the shipment. Subject to a 1.5% service charge per month on unpaid balance over 30 days.
2. By submitting this application, you authorize Ultimate Products, Inc. to make inquiries into the banking and business/trade references that you have supplied.
3. Purchase order required? Yes___ NO___ Personnel other then officers authorized to Purchase

SIGNATURES

I Hereby authorize the above named firms and banks to furnish information requested by Ultimate Supplies,Inc. The undersigned assumes full responsibly for bills accrued as a result of this application.

Name: Title: Date: