

# MyInHouseAgency.com

## Credit Application

(Please print clearly and legibly. Fax to: Credit Dept. 702-367-0209)

Date: \_\_\_\_\_

**APPLICANT** hereby applies for credit in accordance with the terms and conditions of myinhouseagency.com.

Name of Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long? \_\_\_\_\_ Telephone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long? \_\_\_\_\_ Telephone: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_

(If at current address less than 5 years)

State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long? \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Business: \_\_\_\_\_ EIN#: \_\_\_\_\_

## OWNERSHIP

Individual  Sole Proprietorship  Partnership  Corporation  Other

Incorporated:  Yes  No Date Incorporated: \_\_\_\_\_

## FINANCE

Company Bank (No. 1) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Account No. \_\_\_\_\_ Bank Officer: \_\_\_\_\_

Company Bank (No. 2) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Account No. \_\_\_\_\_ Bank Officer: \_\_\_\_\_

## CREDIT REFERENCES (Minimum of 3 required)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Number of years associated: \_\_\_\_\_

Average monthly billing with this vendor: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**CREDIT REFERENCES** (cont'd)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Number of years associated: \_\_\_\_\_

Average monthly billing with this vendor: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Number of years associated: \_\_\_\_\_

Average monthly billing with this vendor: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**ACCOUNTS PAYABLE INFORMATION:**

Contact person for Accounts Payable? \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Please print clearly.)

Do you use a Purchase Order system? \_\_\_\_\_ Yes \_\_\_\_\_ No

**AGREEMENT**

1. Upon approval of this application, a 30-day account will be opened for your convenience. All accounts are closed on the 25th day of each month and are due the 10th of month following invoice date. A late charge will be added to all accounts not paid within 30 days from date of invoice at the rate of one and one-half percent (1-1/2%) per month or eighteen percent (18%) per annum.
2. If failure to pay according to the terms of this Agreement causes this account to be assigned or referred to an attorney for collection, Buyer agrees to pay Seller's reasonable collection and/or attorney fees and all court costs.
3. Seller is authorized to investigate Buyer's credit record. Seller is also authorized to report Buyer's performance on this agreement to proper persons and credit agencies whenever Buyer gives Seller's name as a credit reference.

The undersigned hereby certifies that he or she is duly authorized to sign this application on behalf of Applicant/Buyer, that the information given in this application is true and correct to the best of his or her knowledge and that the Applicant/Buyer hereby agrees to the foregoing terms and conditions.

\_\_\_\_\_  
Full Name of Company

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature