



# ACCOUNT PROFILE/CREDIT APPLICATION

## CREDIT TERMS - NET 10

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

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

D/B/A (if different): \_\_\_\_\_

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

Website: \_\_\_\_\_

Email: \_\_\_\_\_

Name(s) of Principal(s) / Title(s) and Soc. Sec. No.:

1. \_\_\_\_\_

2. \_\_\_\_\_

**INTERNAL USE ONLY** CUSTOMER # : \_\_\_\_\_

D&B: \_\_\_\_\_ SIC # : \_\_\_\_\_

SALESMAN: \_\_\_\_\_ CR RESP: \_\_\_\_\_

CR LIMIT: \_\_\_\_\_ DISCOUNT: \_\_\_\_\_

SALES TAX: \_\_\_\_\_ COUNTY: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax No.: ( \_\_\_\_\_ ) \_\_\_\_\_

Authorized Buyer: \_\_\_\_\_

General Manager: \_\_\_\_\_

Acct. Payable: \_\_\_\_\_

If Applicant, Affiliates, or Principals have ever done business with ScreenCo, List Name and Address:

Applicant is a ( X one):

Corporation, Date Inc.: \_\_\_\_\_  Partnership - No. Yrs.: \_\_\_\_\_  Sole Proprietor - No. Yrs.: \_\_\_\_\_

Type of Business Activity: \_\_\_\_\_

Requested Credit Limit: \_\_\_\_\_ Anticipated Annual Purchase: \_\_\_\_\_

If in: NE, IA, KS are you sales tax exempt:  NO  YES I.D. #: \_\_\_\_\_

If YES, Completed Exemption Form Must Be On File.

### BANK REFERENCE

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

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Contact: \_\_\_\_\_

Checking Acct. # : \_\_\_\_\_  Savings Acct. # : \_\_\_\_\_  Loan (s) Acct. # : \_\_\_\_\_

### TRADE REFERENCE

1. \_\_\_\_\_  
Suppliers Name Address Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ # Yrs. Acct. #

2. \_\_\_\_\_  
Suppliers Name Address Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ # Yrs. Acct. #

3. \_\_\_\_\_  
Suppliers Name Address Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ # Yrs. Acct. #

As an authorized agent of the applicant, I have completed this application to obtain credit, and certify that all statements contains thereof are true and correct. I agree that credit inquired may be made and authorize the release of such information to ScreenCo. I understand and agree that any credit granted shall be paid promptly in accordance with credit grantor terms and agreements. I also understand and agree that credit grantor may add legal rate of interest per month to any balances not paid in accordance with said terms and agreements. I also agree, in the event of default, to pay reasonable collection charges, attorney fees, and court costs where applicable. My signature below certifies I am authorized by the credit applicant to execute this document on its behalf.

**IF CREDIT IS GRANTED (I)WE) PROMISE TO PAY BILLS WHEN RENDERED WITHIN 10 DAYS OF RECEIPT. (I)WE) UNDERSTAND THAT THERE WILL BE A 1.5% FINANCE CHARGE AT THE END OF EACH MONTH ON THE UNPAID BALANCE.**

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

Authorized Signature/ Title