



Date:

CREDIT APPLICATION

Ownership: Corporation Partnership Sole Prop. LLC

Business Name:

Address:

Phone Number:

Fax Number:

Federal Tax ID #

Duns #:

Date Established:

Est. Annual Sales \$:

IS COMPANY TAX EXEMPT?

(If yes, a copy of your Tax Exempt Form or Certificate of Resale MUST be submitted)

Sales Contact:

Email:

A/P Contact:

Email:

Principle Officer:

Principle Officer:

Principle Officer:

SUPPLIER/VENDOR REFERENCES

1.

2.

3.

4.

BANK REFERENCES

Bank: _____ Contact: _____

Phone: _____ Email: _____

Bank: _____ Contact: _____

Phone: _____ Email: _____

Invoices **must** be paid net 30 days from the billing date. In the event that CHUTES International must initiate collection proceedings to recover any portion, or all, of this amount, then the customer 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 attorney's fees incurred. Any and all litigation will take place in Charles County, Maryland USA.

The undersigned as an inducement to grant credit warrants that the information submitted is true and correct. Undersigned does jointly and severally personally guarantees to pay and be responsible for all sums, balances and accounts due seller including interest, collection fees and/or attorney fees. Furthermore, this authorization allows CHUTES International to investigate the credit references listed above. We hereby authorize copies of this release to those who request it.

For (Company): _____

By (Authorized Representative): _____

Signature: _____ Date _____

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CREDIT DEPARTMENT USE ONLY

Date Approved: _____ Initials: _____ Approved Credit Amount: _____

Date Denied: _____ Amount Requested: _____

Salesperson: _____ Purchase / Rental of: _____