



Salesman #: _____

Date: _____

Account Application

INSTRUCTIONS:

This application must be completed in full and approved prior to the extension of any credit.

Check One: Individual Partnership Corporation

Business / Corporation Name _____

Doing Business As _____

Years In Business _____ Date Incorporated _____

Type Of Business _____ *State Resale #* _____

Street Address _____

City & State _____ Zip Code _____

Contact Name _____ Business Phone # _____

Federal Tax ID# _____ Fax # _____

Name Of Parent Or Affiliate Company _____

Name Of Bank _____ Branch _____

Telephone Number _____ Bank Address _____

City & State _____ Zip Code _____

Bank Contact Name _____ Bank Account Number _____

Name Of Bank Account _____

Accounts Receivable:

Are Your Accounts Receivable Currently Pledged ? Yes No

If yes, please give the name, address, and telephone number for the secured party:

Trade References: (Do not include utilities or credit card accounts)

Name _____ **Contact Name** _____
Telephone _____ **Address** _____
City & State _____ **Zip Code** _____

Name _____ **Contact Name** _____
Telephone _____ **Address** _____
City & State _____ **Zip Code** _____

Name _____ **Contact Name** _____
Telephone _____ **Address** _____
City & State _____ **Zip Code** _____

Name _____ **Contact Name** _____
Telephone _____ **Address** _____
City & State _____ **Zip Code** _____

Personal Information:

Principle Name _____ **Title** _____
Social Sec. # _____ **Home Address** _____
City & State _____ **Zip Code** _____
Home Telephone Number _____ **Have You Ever Filed Bankruptcy?** Yes No

Visa 1. _____
 Mastercard 2. _____

Ownership:

Name(s)	Title(s) & Address of Owner(s) &/or Officer(s):	Percentage Of Ownership	SS#

The person or persons signing this agreement must correctly indicate in writing after his or her signature, the legal capacity of the person or persons signing. Any person signing this agreement agrees that he or she will be personally, individually, and if married, his or her marital community will be liable as a party to all terms and conditions of this agreement and will pay for the reasonable collection and / or attorney fees in addition to other sums due. The undersigned certifies that the above information is correct. Applicant authorized PENS ETC. to obtain credit and financial information concerning the applicant and all principles at any time and from any source. Applicant fully understands credit terms and agrees to prompt payment in consideration of extended credit.

Company Name _____

Signature _____ **Date** _____

Print Name And Title _____

Must be signed by owner, partner or corporate officer