



COMPASS MATERIALS

Business Credit Application Form

CUSTOMER INFORMATION

Legal Business Name :
Billing Address :
Type of Business : Corp. Partnership Other
President or Owner's Name :
Business Phone# : FAX# :
Email : Contact Name :
Date of Established :

BANK REFERENCES

Bank Name :
Account# :
Address :
Phone # :

CREDIT LIMIT REQUEST :

Credit Terms:

- Payment on all invoices is due within 15 days of invoice date.
- Credit applicant agrees to pay all costs of collection, including court costs and attorneys fees.
- All transactions are governed by the law of the Creditor's state.
- The credit applicant accepts the above terms and states that all information contained in this credit application is true and correct.
- Credit application authorizes creditor contact all references, inquire as to credit information, and receive any confidential information relevant to approving credit.

I certify that to the best of my knowledge information given on this form is true and correct .

Signature :

Print :

Date :