CREDIT APPLICATION
PLEASE PRINT OR TYPE

COMPANY NAME: ___________________________ DATE: __________________

STREET ADDRESS: ___________________________ BILLING ADDRESS: ___________________________

PHONE: ___________________ FAX: ___________________

CHECK ONE: □ PROPRIETORSHIP
□ PARTNERSHIP
□ CORPORATION

OWNER/PARTNERS/OFFICERS

TITLE

TYPE OF BUSINESS OR PRODUCT/SERVICE: ___________________________
FEDERAL IDENTIFICATION NO. ___________________________

SUPPLIERS: PLEASE INCLUDE FAX NUMBERS
NAME: ___________________ PHONE: ___________________
FAX: ___________________

NAME: ___________________ PHONE: ___________________
FAX: ___________________

NAME: ___________________ PHONE: ___________________
FAX: ___________________

BANK REFERENCE: ___________________________ PHONE: ___________________
CONTACT NAME: ___________________________ BANK ACCT #: __________________

HAVE YOU EVER PURCHASED FROM USA STRAPPING BEFORE?
□ YES □ NO

IF YES, UNDER WHAT NAME OR TRADE STYLE?

WHEN?

ANTICIPATED MONTHLY PURCHASES: ___________________

P/O REQUIRED FOR PAYMENT OF INVOICES
YES □ NO □

SIGNED: ___________________________

TITLE: ____________________________________

APPLICATION MUST BE COMPLETED TO BE VALID. THE SIGNATURE OF THIS APPLICATION STATES: CUSTOMER HEREBY AGREES TO SUBMIT PAYMENT TO USA STRAPPING, LLC WITHIN THE TERMS STATED ON INVOICES GENERATED. CUSTOMER AGREES THAT ALL PRODUCTS RELEASED REMAIN THE PROPERTY OF USA STRAPPING, LLC, UNTIL INVOICE IS PAID IN FULL. COD OR CREDIT CARD (VISA, MASTERCARD, OR AMERICAN EXPRESS) WILL BE UTILIZED FOR ALL CONSUMABLE ORDERS UNDER $100, AND PARTS ORDERS UNDER $50.