

# **CLEAR CHOICE CREDIT APPLICATION**

Full Legal Name: \_\_\_\_\_ D.B.A. \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone# \_\_\_\_\_ Estimate Monthly Purchases \$ \_\_\_\_\_

Purchase Order Required: Yes / No

Name of Person(s) Authorized to Issue Purchase Orders \_\_\_\_\_

Number of Years in Business \_\_\_\_\_

Contact in Accts. Payable \_\_\_\_\_

Tax ID # \_\_\_\_\_

## **BANKING**

Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

## **TRADE REFERENCE** (Please include complete mailing addresses)

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Address \_\_\_\_\_

Statement: The undersigned authorizes Clear Choice Laminating, Inc. to contact banking and trade references listed above for the purpose of extending open account privileges.

Statement: In consideration of credit being extended by Clear Choice Laminating, Inc. to the company we certify the truthfulness and veracity of the statement appearing above, and the company guarantee and bind ourselves to the faithful payment of all amounts purchased.

Statement: The undersigned agrees that if this application is accepted, all purchases made shall be due and payable within 30 days of invoice date.

\_\_\_\_\_  
Signature (Officer or Auth. Rep.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title