

# beckmanXMO

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## credit application

legal name of business:

date:

address (street/city/state/zip):

billing address (if different):

phone #:

fax #:

name of owner:

home phone#:

owner's home address (street/city/state/zip):

# of years in business:

this location:

accounts payable contact:

phone#:

check one of the following:  corporation  partnership\*  proprietorship

does your company require PO#s:  yes  no

\*give partners name, address & home phone #:

## references

name of your bank:

bank phone #:

bank fax #:

account # - must supply:

list three (3) major suppliers or trade references below (local references, please):

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

name of reference:

address (street/city/state/zip):

phone #:

fax #:

sales tax exempt #\*\*:

\*\*if tax exempt, we must have a signed Certificate of Exemption for our files,  
please use the attached form

### beckmanXMO

#### TERMS ARE AS FOLLOWS:

Net 30 days after receipt of invoice. If customer is  
PAST DUE sixty (60) days, we will place them on a  
C.O.D. basis until PAST DUE amount is paid in full.

Invoices in excess of 30 days are subject to 1.5% service  
charge per month (18% per annum)

### PLEASE READ CAREFULLY BEFORE SIGNING:

I, the undersigned, hereby agree that in the event of default in the payment of any amount due, and if this account is placed in the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including agency and attorney fees and court costs incurred and permitted by laws governing these transactions.

applicant's signature:

title:

application approved by: name

creative

interactive

print