



# APPLICATION FOR CREDIT

Company Name: \_\_\_\_\_  
 Parent Company: \_\_\_\_\_  
 Bill To Address \_\_\_\_\_  
 Ship To Address \_\_\_\_\_  
 City / State / Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please check one:  
 Corporation  Partnership  Individual Proprietorship

Names / Titles of Owners / Partners: \_\_\_\_\_  
 \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Incorporated in State of: \_\_\_\_\_ Sales Tax Exempt No: \_\_\_\_\_ (please attach copy of certificate)

D&B Account Number: \_\_\_\_\_

Annual Sales: \_\_\_\_\_ Line of Credit Requested: \_\_\_\_\_

I/We warrant the information shown above to be true. I/We authorize the person to whom this application is submitted to investigate the references herein, statements or other data obtained from me/us or from any other person pertaining to my/our credit and financial responsibility. I/We agree to abide by the invoice payment terms and conditions of 2% 10 Net 30, and further agree to pay a finance charge of 1 1/2% per month (annual rate of 18%) on balances past the due date.

\_\_\_\_\_  
 Printed Name / Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date:

For Office Use Only: Credit Approval: _____ Authorized By: _____ Terms: _____
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Please submit the application back to us by email [order@softwaretoolbox.com](mailto:order@softwaretoolbox.com) or fax# +1-704-849-6388