

Business credit application



Lisa Carpenter

Thank you for inquiring. NOTE: Please use our credit application received. Have correct and complete information on credit application to ensure no delays in processing. Return completed form to lcarpenter@everittind.com or fax to 281.452.6464. Thank you.

**Everitt Industrial Supply, Inc.
523 Crockett St.
Channelview, TX 77530
281.452.6660
281.452.6464
11/11/2015
www.everittpvf.com**

EVERITT INDUSTRIAL SUPPLY, INC.
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company Name:		Website Address:	
Owner:	Partner(s):	Officer(s):	
Phone:	Fax:	E-mail:	
Physical Mailing Address:		Business Trade:	
P.O. Box:		City:	
State:	Zip code:	Date business established:	
Accounting contact name:		Tax-Exempt: <input type="checkbox"/> (include when submitting)	Taxable: <input type="checkbox"/>
Accounting email address:		Invoices emailed to:	
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other: <input type="checkbox"/>

BANK REFERENCES

Name and Branch:		Date account opened:	
Contact Name:		Any NSF's:	
Phone:	Fax:	Current Balance:	Average Balance:
Account Number(s) Checking/Savings		Account Number(s) Checking/Savings	
#	Line of Credit Limit:	#	Line of Credit Limit:
Balance:	\$	Balance:	\$

Credit Applicant hereby acknowledges and agrees that the credit to be extended by Everitt Industrial Supply, to Credit Applicant is not for personal, family or household. Credit Applicant hereby authorizes Everitt Industrial Supply to investigate its credit record and to verify its credit, bank accounts and credit references.

NAME: _____ SIGNATURE: _____
 TITLE: _____ [Click here to enter a date.](#)

BUSINESS/TRADE REFERENCES
 (Excluding rental, lease, utility & charge cards)

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Contact:	
Products provided:		Email:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Contact:	
Products provided:		Email:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Contact:	
Products Provided:		Email:	

REFERRED BY:

AGREEMENT

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

SIGNATURES

Name:	Name:
Title:	Title:
Date:	Date: