

Credit Application

Business Name:		NAICS Number:	
Address:		DUNS Number:	
City, State, Zip:		Date Started:	
Federal ID#		Phone:	
Tax Exempt* #		Fax:	

*(Please attach IRS Tax Exempt Affirmation Letter)

<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other (Specify):
A/P Contact Name		Phone	
Billing Preference	<input type="checkbox"/> Mail <input type="checkbox"/> Email		

Owners and Officers

1	Name	Address	Phone
2	Name	Address	Phone
3	Name	Address	Phone

Trade References

1	Company Name	Contact Name	Title
	City & State	Phone	Email
2	Company Name	Contact Name	Title
	City & State	Phone	Email
3	Company Name	Contact Name	Title
	City & State	Phone	Email



Bank References

1	Bank Name	City	State	Phone	Acct.#
2	Bank Name	City	State	Phone	Acct.#

By signing below, the above-named Applicant gives authorization to Usalco, LLC and its officers, employees and agents to contact and make inquiry to bank and credit references listed on this application to obtain information for the purpose of extending and updating credit. The Applicant hereby authorizes each of the references named herein to release to Usalco, LLC and its officers, employees and agents any information requested pertaining to the Applicant's accounts, business practices, and credit history. By submitting this application to Usalco, LLC, the above-named Applicant hereby certifies that all the information contained herein is complete, true, and accurate. Unless otherwise expressly agreed in writing, Usalco's Standard Terms and Conditions of Sales shall apply to all orders extended under credit.

Print Name		Title		Date	
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Please attach a copy of applicant's current Financial Statement & email to insidesales@usalco.com

Office use only			
Sales Rep:		Account #:	
Credit Limit \$:		Tax Exempt Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved By:		Date:	

