

Credit Application Form

Please complete, sign, and return this form along with your Credit References and Financial Statement.

Billing Address:		Office Address:				
Company Name		Company Name				
Attention		Attention				
Street Address		Street Address				
City, State, Zip			City, State, Zip			
Telephone			Telephone			
Email			Email			
General Information						
Principal / Owner	Social Security No.	Email			Phone No. & Extension	
Company Composition Individual Partnership LLC Corporation Su			S Corporation	of:		
Dun & Bradstreet (D&B) No. At Present Location Since Date		Are Premises leased? Yes No		Amount of Credit I	Desired	
	Orderin	ig Inform	ation			
Are Written Purchase Orders Required? See No See N			Resale No. (if for re	sale, please provide	e Copy of Certificate)	
Purchasing Agent	Fax	Email			Phone No. & Extension	
Accounts Payable Contact	Fax	Email			Phone No. & Extension	
Bank Information						
Bank Name	Branch Name	Bank Contact	Officer		Phone No. & Extension	
Bank Address	City	State	Zip	Type of Account and Account No.		
Terms and Conditions						
All accounts are COD until a credit application has been completed, reviewed, and approved. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including a reasonable attorneys fee. Any balance so remaining unpaid shall bear interest at the lesser rate of 1.5% per month or the maximum rate permitted by applicable law, until paid in full						
Acceptance and Approval						
Signing this agreement indicates your acceptance inquiries necessary to process this Credit Applicates.		ons as stated.	In addition, you au	uthorize KVM Swi	tches Online to make any and all	
Name of Authorized Representative						
Agreed and Accepted, Signed			Extension	Date		