



**NEW CUSTOMER
CREDIT APPLICATION**

TO EXPEDITE YOUR APPLICATION PLEASE COMPLETE IN FULL AND SIGN

BUSINESS NAME: _____
D/B/A: _____
DATE BUSINESS ESTABLISHED: _____ **FEDERAL TAX ID #:** _____ **CO WEBSITE:** _____
BILLING ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____
SHIPPING ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____
ADDRESSES (CIRCLE ONE): **BILLING IS:** **BUSINESS** **OR** **RESIDENTIAL** **SHIPPING IS:** **BUSINESS** **OR** **RESIDENTIAL**
CREDIT AMOUNT REQUESTED: _____ **TELEPHONE #:** _____ **FAX #:** _____
ACCTS. PAYABLE CONTACT: _____ **ACCTS. PAYABLE EMAIL:** _____
PURCHASING CONTACT: _____ **PURCHASING EMAIL:** _____

Please include a copy of your sales tax exempt certificate(s) for any state that you may be shipping to.

OWNERSHIP / OFFICERS

SOLE PROPRIETORSHIP: _____ **PARTNERSHIP:** _____ **CORPORATION:** _____ **OTHER:** _____ (specify)
PRINCIPAL NAME: _____ **TITLE:** _____ **SS#:** _____
PHONE NUMBER: _____ **EMAIL:** _____
PRINCIPAL NAME: _____ **TITLE:** _____ **SS#:** _____
PHONE NUMBER: _____ **EMAIL:** _____
PRINCIPAL NAME: _____ **TITLE:** _____ **SS#:** _____
PHONE NUMBER: _____ **EMAIL:** _____

BANK REFERENCES

BANK NAME: _____ **BRANCH:** _____
ADDRESS: _____
TELEPHONE NO.: _____ **FAX NO.:** _____ **CONTACT NAME:** _____
CHECKING ACCT # _____ **SAVINGS ACCT #** _____ **LOAN ACCOUNT #** _____
BANK NAME: _____ **BRANCH:** _____
ADDRESS: _____
TELEPHONE NO.: _____ **FAX NO.:** _____ **CONTACT NAME:** _____
CHECKING ACCT # _____ **SAVINGS ACCT #** _____ **LOAN ACCOUNT #** _____

TRADE REFERENCES (preferably industry references)

VENDOR NAME: _____

ACCOUNT NO.: _____

TELEPHONE NO.: _____

FAX NO.: _____

VENDOR NAME: _____

ACCOUNT NO.: _____

TELEPHONE NO.: _____

FAX NO.: _____

VENDOR NAME: _____

ACCOUNT NO.: _____

TELEPHONE NO.: _____

FAX NO.: _____

VENDOR NAME: _____

ACCOUNT NO.: _____

TELEPHONE NO.: _____

FAX NO.: _____

BUSINESS INFORMATION

MANUFACTURER'S REPRESENTED: _____

INDUSTRY/TRADE GROUP AFFILIATIONS: _____

NUMBER OF AAADM CERTIFIED INSPECTORS: _____

APPROXIMATE DOLLAR AMOUNT OF FIRST ORDER: _____

WHEN: _____

ANTICIPATED ANNUAL SALES WITH US: _____

HAS THIS FIRM OR ANY OF ITS PRINCIPALS EVER FILED BANKRUPTCY?

YES

NO

IF YES PLEASE EXPLAIN: _____

AS AN INDUCEMENT TO GRANT CREDIT, THE UNDERSIGNED WARRANTS THAT THE INFORMATION SUBMITTED TO THE BEST OF THEIR KNOWLEDGE IS TRUE AND CORRECT. BY SIGNING THIS APPLICATIONS LEGACY MANUFACTURING IS AUTHORIZED TO INVESTIGATE THE BANK REFERENCES, TRADE REFERENCES AND PRINCIPALS LISTED.

IN CONSIDERATION FOR THE EXTENSION OF CREDIT, SAID COMPANY GUARANTEES TO PAY LEGACY MANUFACTURING. FOR ALL PURCHASES WITHIN THE TERMS GIVEN AND AGREES TO PAY A SERVICE CHARGE OF 1-1/2% PER MONTH ON ALL PAST DUE BALANCES. IN THE EVENT ANY THIRD PARTIES ARE EMPLOYED TO COLLECT ANY OUTSTANDING MONIES OWED BY SAID BUSINESS THE COMPANY AGREES TO PAY COLLECTION COSTS, INCLUDING REASONABLE ATTORNEY FEES, WHETHER OR NOT LITIGATION HAS COMMENCED, AND ALL COSTS OF LITIGATION INCURRED. THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS THE AUTHORITY TO EXECUTE THIS CREDIT AGREEMENT AND GUARANTEE ON BEHALF OF THE BUSINESS IDENTIFIED.

NAME OF BUSINESS _____

DATE _____

OFFICER'S NAME _____

TITLE _____

OFFICER'S SIGNATURE _____