



Please fax your request to:

1-843-651-2877

## On-line Credit Application for Net Terms

Corporate Name

D/B/A:

Buyer/Owner:

Phone:

Billing Address:

Fax:

E-Mail:

City:

State:

Zip:

Shipping Address:

City:

State:

Zip:

Federal Tax ID #/SSN:

### Banking Information

Bank Name:

Account Number:

Contact:

Phone:

Address:

City:

State:

Zip:

### Trade References

Co. Name:

Co. Name:

Account #:

Account #:

Address:

Address:

City:

City:

State:

Zip:

State:

Zip:

Phone:

Phone:

Fax:

Fax:

Co. Name:

Co. Name:

Account #:

Account #:

Address:

Address:

City:

City:

State:

Zip:

State:

Zip:

Phone:

Phone:

Fax:

Fax:

The individual signing this application is an authorized representative of the client company and agrees that "Cruz" may verify the company's credit history or verify my personal credit history. I understand that upon my request, "Cruz" will inform me of the name and the address of each consumer reporting agency from which it obtained a credit report. The undersigned also understands that "Cruz" will not divulge any credit information to unauthorized parties.

Name and Signature of Authorized Contact:

Date: