

# Midwest Art & Frame Inc.

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## Credit Application

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Form of Business: Sole Proprietor: \_\_\_ Corp.: \_\_\_ Type of Business: \_\_\_\_\_

How long in business: \_\_\_\_\_ How long at this address: \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account: \_\_\_\_\_

### Trade References

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If credit is granted I promise to pay bills when rendered. I understand all invoices are due within thirty days after the invoice date and that a finance charge of 1.5% per month will be added to my past due account. In the event that payment is not made and my account is rendered to a collection agency I will pay all cost of collection. If legal action is required I will pay any attorneys fees resulting from such action. I authorize the above bank and references to release any credit or financial information and further agree to comply with the above terms of credit.

I agree to all of the terms as stated above:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_