

CREDIT APPLICATION Form

Creative Arch Works Inc.

Submit to sales@creativearchworks.com

Financial or Accounts Payable CONTACT INFORMATION			
Name Title		Phone Email	
Company name		Type of business	
Address:			
EIN/TIN		If Division or subsidiary, name of parent company	
Legal form of business operations	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation	Been in business since:	
Exempt from sales/use tax: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of your exemption certificate.			
TRADE REFERENCES			
Company name	Account number	Telephone Number	Contact name
BANK REFERENCE			
Bank Name			
Address:			
Financial statement availability	(Please attach most current)		
CREDIT REQUEST			
Terms requested:	<input type="checkbox"/> Net 14 <input type="checkbox"/> Net 30 <input type="checkbox"/> COD	Payment type	<input type="checkbox"/> ACH (preferred) <input type="checkbox"/> Mailed check
CREDIT AGREEMENT (Based on approval)			
<ol style="list-style-type: none"> 1. Invoice to be paid within approved terms (14 or 30 days) from date of invoice. 2. Finance charge of 2% will be charged for balances 15 days past due. 3. By submitting this application, you authorize Creative Arch Works Inc., to make inquiries into the banking and trade references you have provided. 4. Signature below is an acceptance of these terms and agreement, and certification that the information provided within this application is accurate. 			
Signature: Printed name:		Title: Date:	