

Territorial Supplies, Inc.

PO Box 474 * Council, ID 83612 * www.territorialsupplies.com
208-253-0036 * 800-221-7702 * 208-253-0085 fax

CREDIT APPLICATION (please print clearly)

Please complete and fax back to us.

Firm: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Form of Organization: Corporation Partnership Individual

How long in business? _____ How long at present address? _____

Previous Address (if at current location less than 3 years): _____

Type of business: _____

CREDIT REFERENCES

1. Name & Account Contact: _____

Address: _____

Phone: _____ Account Number: _____

2. Name & Account Contact: _____

Address: _____

Phone: _____ Account Number: _____

3. Name & Account Contact: _____

Address: _____

Phone: _____ Account Number: _____

BANK REFERENCE

Name & Branch: _____

Account Contact: _____

Phone: _____

PRINCIPALS OF FIRM (OR IF DEPARTMENT ACCOUNTS PAYABLE):

1. Name: _____ Address: _____

Position: _____ Phone: _____

2. Name: _____ Address: _____

Position: _____ Phone: _____

Notice: The following is provided for your information. Do NOT sign this agreement until you have read the terms.

If this 30 day (agency) / 15 day (business/individual) account is opened I agree to abide by the following:

1. To pay each invoice within 30 (agency) / 15 (business/individual) days of invoice date.
2. To pay an 18% service charge on accounts over 30 (agency) / 15 (business/individual) days.
3. To pay attorney fees in the event that collection efforts become necessary.

By signing this credit application I agree to abide by the above terms and authorize Territorial Supplies, Inc. to contact the references supplied on this application to determine credit. I understand that completing this application does guarantee a line of credit.

Signature _____ Print _____ Date _____