

## DISTRIBUTOR CREDIT APPLICATION

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

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

Trade Name (if other than above): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Postal Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

At present location since: \_\_\_\_\_ Year business started: \_\_\_\_\_  Own  Lease

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Email: \_\_\_\_\_

Parent Company: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Year established: \_\_\_\_\_  Corporation  L.L.C.  Partnership  Sole Proprietor

### TAX STATUS

*Please attach a Tax Exemption Certificate for each state location.*

Federal Tax I.D. Number: \_\_\_\_\_

### TERMS & CONDITIONS (CANNOT BE CHANGED OR ALTERED)

1. The applicant hereby acknowledges that all charges incurred after extending credit shall be considered due and payable within the agreed upon terms for all orders from date of invoice and that payment shall be made at this time to the order of Maverick Business Forms, Inc. and forwarded to the designated address.
2. The applicant authorizes Maverick Business Forms, Inc. to perform any credit investigation deemed necessary to establish and maintain a credit account for the applicant. The applicant hereby authorizes the reporting of the above-mentioned information to Maverick Business Forms, Inc. or their designates. Maverick Business Forms, Inc. may modify any credit availability granted to applicant without notice.
3. The applicant hereby consents to abide by all terms and conditions as set out on all invoices.
4. The applicant as a sole proprietor or partnership, if applicable, hereby consents to Maverick Business Forms, Inc. obtaining an individual credit report if deemed warranted to extend trade credit.
5. Applicant agrees that if it defaults in payment in accordance with terms, it will pay all costs of collection including but not limited to collection agency fees, attorney fees, court costs, filing fees, and service fees.
6. Maverick Business Forms, Inc. may charge the maximum interest allowed by law on all overdue amounts.
7. The applicant agrees to pay all invoices at PO Box 6195, Longview, Texas 75608 in Gregg County. Payments are to be made within thirty (30) days from the date of the invoice. Failure to make timely payment may result in modification of account terms.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

*Application will not be processed without an authorized signature.*

**ADDITIONAL INFORMATION REQUIRED FOR CREDIT APPLICATION**

**CORPORATE OFFICERS**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**PARTNERS/PROPRIETORS**

Name: \_\_\_\_\_ S.S. No.: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ S.S. No.: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

At present location since: \_\_\_\_\_ Residence: \_\_\_\_\_ (date)  Own  Lease

**BANK REFERENCES**

Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**TRADE REFERENCES**

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_