



# Credit Account Application

710 3rd Street, Marysville, CA 95901 | 530-743-1561

Applicant Full Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Business \_\_\_\_\_ Credit Line Desired \_\_\_\_\_

## Mailing Address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact Person \_\_\_\_\_

## Sole Proprietor

Name \_\_\_\_\_

Complete Address \_\_\_\_\_

SS # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

ID # \_\_\_\_\_ Issued On \_\_\_\_\_ Expires On \_\_\_\_\_

## Partnership / Multiple Owners

### Names

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Complete Address

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### ID #

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Social Security #

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Date of Birth

### Age

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Issued On

### Expires

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



# Credit Account Application

Vendor references and account terms

## Vendor Creditors (No Banks)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

We understand this is a revolving credit account. Finance charges are imposed on previous balance. Approximate closing date is the 25th of the month for current charges. To avoid finance charges, pay before the 23rd of the following month. If paid by check, cash, or money order every month by the 10th, receive a 2% discount. If an account has a balance more than 30 days, it will not receive the discount noted every month at the bottom of the statement. Anything after 90 days will result in a hold on the account until paid in full/current. We hereby apply for credit and certify that the information above is correct. We authorize you to contact the above references for credit information. By signing this application, as owner/agent, I/we agree to all terms and conditions of said contract.

Fax # \_\_\_\_\_

Acct # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Acct # \_\_\_\_\_

Date \_\_\_\_\_

Phone # \_\_\_\_\_ Title \_\_\_\_\_

Fax # \_\_\_\_\_

Acct # \_\_\_\_\_

# Statement & Invoice Preferences

Credit account setup



Account Number \_\_\_\_\_

Please check your preferences below.

## Statements

- ☐ I want my statements without invoices emailed to: \_\_\_\_\_
- ☐ I want my statements with invoices emailed to: \_\_\_\_\_
- ☐ I want my statements without invoices sent by USPS to the address on the account.
- ☐ I want my statements with invoices sent by USPS to the address on the account.

## Invoices

- ☐ At the time of purchase I want my invoices emailed to: \_\_\_\_\_  
a printed copy is not needed.
- ☐ At the time of purchase I want my invoices printed and given to me or my representative.
- ☐ At the time of purchase I want my invoices printed and given to me or my representative; I also want a copy emailed to: \_\_\_\_\_

Authorized by \_\_\_\_\_  
Signature

Authorized by \_\_\_\_\_  
Print



## Account Restrictions

Authorized users / signers

Name or Business \_\_\_\_\_

Account Number \_\_\_\_\_ Contact Number \_\_\_\_\_

### Names of Authorized Users / Signers

Printed Name

Signature

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Require proof of ID prior to purchase?

☐

Yes

☐

No

Authorized Company Representative (Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Authorized Company Representative \_\_\_\_\_