

CREDIT APPLICATION AND AGREEMENT

The undersigned understands that the following information is being submitted for the purpose of obtaining credit information and authorizes the investigation of the information contained herein. Further, if credit is extended to Applicant, the undersigned agrees to the provisions set forth below.

COMPANY NAME ("Applicant"):		
Street address:	Mailing address:	Social Security or Federal ID number:
	_	☐ CORPORATION
		— □ PARTNERSHIP
	_	☐ SOLE PROPRIETORSHIP
Phone:	Fax:	
NAMES OF OFFICERS, PARTNE	RS OR MEMBERS	BUSINESS FINANCIAL DATA
Name:	Name:	Bank:
Title:	Title:	Account #:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Address:	Address:	Address:
Name: Address:	Name: Address:	Name: Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
the Applicant will pay to Best, in addi an attorney's fee, which amount the A accrue on all sums due Best from App	tion to any other sums due, an amount ed pplicant agrees is reasonable. Further, in licant from the date of the invoice until s	-
Applicant and enter into this agreemen		orized to submit this application on behalf of ang as principal, agrees to unconditionally and be due and owing to Best by Applicant.
Please sign in both places and	APPLICANT:	PRINCIPAL:
allow two weeks to process	By:	
	By:(Signature & title)	(Signature, no title)
Date:/	Print	Print
	Name	