

Four Star Wire & Cable, Inc.

## Confidential Credit Application

Date: \_\_\_\_\_ Four Star Sales Rep. \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Principal Line of Business: \_\_\_\_\_

Established: \_\_\_\_\_  Corporation  Partnership  Individual

No. of employees: \_\_\_\_\_ President/ Owner Name: \_\_\_\_\_

If business is owned by another company, state name, address and relationship:

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship: \_\_\_\_\_

Will this second business, if necessary, guarantee your account or authorize billing to them?

Guarantee:  Yes  No Bill To:  Yes  No

I hereby authorize our banks and suppliers to release any information necessary to assist **four star wire & cable, inc.** in establishing a credit account for us.

Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

### **Trade References**

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

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

### **Credit Terms And Conditions**

All new customers wishing to establish an open account are required to provide a completed account review form. Where justified, an account will be established with an open line of credit based on our perception of the customer's financial strength and credit worthiness. Our payment terms are as follows, Net 30 days, unless otherwise stated. Terms are effective as of the invoice date. All past due invoices maybe subject to a service charge of 1.5% per month (18% per Annum). Any such charges assessed must be paid to bring a delinquent account to a current status. Should the service of any agency or attorney be necessary to collect amounts outstanding. I/We agree to pay all costs of such collection including reasonable attorney fees.

**I hereby agree to the terms and conditions outlined above.**

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

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