

Standard Credit Application

To be submitted to vendor company: _____

Sales agency representative: Tandem Sales & Marketing

Company Name: _____ DBA: _____

Primary Contact: _____ Alt Contact: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Website: _____

Shipping Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

Type of Business: _____ In Business Since: _____

Form of Business (check): [] Corporation [] LLC [] Partnership [] Sole Proprietor

Resale number: _____

Bank Reference: Please the contact person at your bank if known

Bank _____ Contact _____

Phone: _____ Fax: _____

Address _____ City _____ State _____ Zip _____

Checking Account # _____ Savings Account # _____

Trade References:

Supplier's Name (location if applicable)	Phone #	Fax #	Account #
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

Terms requested: Prepay/credit card__ COD __ Open__ Open credit line requested: \$ _____

Open account terms (OAC) are net 30 days. Accounts not paid in this time frame will be charged 1.5% interest rate per month on any unpaid balance(s). By signing this credit application, you are granting permission to the vendor company listed above, to verify trade and bank references either directly or via a 3rd party credit reporting agency.

Print Name: _____ Title: _____

Signature: _____ Date: _____