



Credit Application

Company Name:					
Billing Address:			Shipping Address:		
E-mail:		Phone:		Fax:	

Please check one; if Corporation or Partnership, please provide names of owner(s), partner(s) and/or officer(s):

<input type="checkbox"/>	Corporation	Name		Title	
<input type="checkbox"/>	Partnership	Name		Title	
<input type="checkbox"/>	Individual	Name		Title	

Credit line requested: Are Purchase Order Numbers required for purchase: Yes: No:

ACCOUNTING INFORMATION: (Person to contact regarding account payment)

Name:		Phone:		E-mail:	
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NOTICE: INVOICING IS BY E-MAIL OR FAX ONLY; please provide e-mail address and/or fax number!

BANK ACCOUNT INFORMATION

Name:					
Address:					
Phone:		Fax:			
Account #		Type of account:	Checking / Savings / Other:		

BUSINESS/TRADE REFERENCES

Name:					
Address:					
E-Mail:		Phone:		Fax:	
Name:					
Address:					
E-Mail:		Phone:		Fax:	
Name:					
Address:					
E-Mail:		Phone:		Fax:	

AGREEMENT

1. Accounts are subject to credit hold after 30 days, terms are Net-30
 2. The undersigned authorizes Foothills Fasteners to seek credit information for the purpose of granting credit.
 3. Product remains property of Foothills Fasteners until fully Paid.
- Signature of Applicant: _____ Date: _____