

# CREDIT APPLICATION & AGREEMENT



SOLE PROPRIETORSHIP     CORPORATION    DBA / OFFICIAL NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

ADDRESS (PO Box not accepted): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

OWNER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DRIVER'S LICENSE: \_\_\_\_\_

BILLING ADDRESS (PO Box not accepted): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

REQUESTED AMOUNT OF CREDIT: \_\_\_\_\_

PREFERRED METHOD OF PAYMENT:     CHECK     CASH     AMERICAN EXPRESS\*     DISCOVER\*     MASTERCARD\*     VISA\*  
*\*Fill Out Account Information Below*

CARD # \_\_\_\_\_ EXP: \_\_\_\_\_ CARDHOLDER: \_\_\_\_\_

## BANK REFERENCE

BANK NAME: \_\_\_\_\_ BRANCH ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_ TYPE:  CHECKING     SAVINGS

## BUSINESS REFERENCES (A minimum of 3 are required)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ FAX: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ FAX: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ FAX: \_\_\_\_\_

### I AGREE TO PQL'S TERMS & CONDITIONS:

- A. Terms are net 30 days.
- B. P.Q.L., Inc. shall have the right to amend the terms and conditions of this agreement by advising me of its intentions to do so.
- C. I, the undersigned, hereby agree that in the event of default in the payment of any amount due, and if the account is placed in the hands of an agency or attorney for collection or legal action to pay an additional charge equal to the cost of collection, including agency and attorney fees and court costs incurred and permitted by laws governing these transactions.
- D. A service charge of 1.5% per month (18% annual percentage rate) will be applied to all balances unpaid after thirty (30) days.
- E. If my account is not paid in 90 days, I authorize P.Q.L., Inc. to charge my credit card for the outstanding balance(s) plus any applicable interest and fees:

CREDIT CARD TYPE	C.C.#	EXPIRATION	CARDHOLDER
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I hereby certify that all statements in this application are true and complete and made for the purpose of obtaining credit, and give the right to contact any references listed above. I also certify that P.Q.L. Inc. has the right to obtain personal credit information as outlined by the Fair Debt Collection Practices Act. Any personal or corporate information obtained will be held in the strictest confidence.

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

\_\_\_\_\_  
SIGNATURE of Owner or Person(s) Guaranteeing Payment

\_\_\_\_\_  
Title(s):

PRINT NAME of Owner or Person(s) Guaranteeing Payment