

**APPLICATION FOR BUSINESS CREDIT**  
*INCOMPLETE APPLICATIONS WILL DELAY PROCESSING*

In order to extend a net 30-day credit line we must have a Current Credit Card on file to use if account becomes delinquent. Please provide your credit card number below:

Card Type \_\_\_\_\_ Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Credit Extension Requested \$ \_\_\_\_\_ Salesperson \_\_\_\_\_

Legal Business Name of Applicant \_\_\_\_\_

Physical Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Tel# \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

Nature of Business \_\_\_\_\_ Year Started \_\_\_\_\_

Type of Business (check one)  Sole Proprietorship  Partnership  LLC

Corporation Federal ID# \_\_\_\_\_ Duns # \_\_\_\_\_

Credit considerations will be for businesses only and not for individual use. Businesses must have been in business for a minimum of one year.

**BANK REFERENCE**

Bank name \_\_\_\_\_ Branch \_\_\_\_\_

Bank Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Loan/Bank Officer \_\_\_\_\_ Checking Acct # \_\_\_\_\_

**TRADE REFERENCES:** We do contact and research your trade references so please provide 3 trade references whom will get back with us. Trade references should be companies that you currently have a line of credit established. COD or Pay on Receipt accounts will not qualify as established credit.

**SUPPLIER CREDIT REFERENCES**

Supplier Name	Contact Person	Tel#	Fax#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**YOUR ACCOUNTS PAYABLE PERSON INFORMATION**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

**CONDITIONS OF SALE AND CREDIT EXTENSION** – Applicant agrees to abide by the terms and conditions of sale applicable to each transaction made on an account established by Pebble Junction, Inc. in Applicant's name, which terms and condition shall include the General Terms and Conditions of Order acknowledgement set forth. *Terms are NET 30 from Date of Invoice.* Balances more than 30 days old will be charged 1.5% per month. Should it become necessary to place an Account for Collections, Applicant further agrees to pay all actual cost of collection, including actual attorney's fees whether or not litigation is commenced or prosecuted. Applicant hereby affirms that the information contained in this application is true, complete, correct and that the Seller can rely on this information.

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY IN ACCORDANCE WITH TERMS OF SALE.

Signed By \_\_\_\_\_ Position \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_