



Businessproducts

Furniture • Supplies • Design

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Jefferson City, MO 65109
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F: 573-635-2016
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APPLICATION FOR CREDIT

Name of Firm
Accounting Contact
Billing Address
Phone #
Fax #
E-mail
City
State
Years At this Address
Purchasing Contact
Shipping Address
Phone#
Fax#
E-mail
City
State
Zip Code

The following information must be provided. It will be held in the strictest confidence.

- Corporation
Incorporated w/in the past 12 months
Partnership
Individual
Government
Not for Profit

Taxable: Y / N (If No, please include tax exempt letter.)

Ownership:

Name(s) of Principal(s)
Address
City
State
Zip
Phone
E-mail

Bank Reference:

Bank Name
Address
City
State
Zip
Phone
Bank Officer or Department
E-mail

Trade References:

1. Business Name
Address
City
State
Zip
Phone
2. Business Name
Address
City
State
Zip
Phone
3. Business Name
Address
City
State
Zip
Phone

Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms are Net 30 days and agree to the proper payment in consideration of extended credit.

Date
Signature
Title

For a More Productive Office, Check Samco!