



# Credit Application

Firm name: \_\_\_\_\_

Type of business: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City State Zip

Name of contact: \_\_\_\_\_

Phone Fax E-mail

How long at present location: \_\_\_\_\_

Corporation  Partnership  Proprietorship  Yrs. Est. \_\_\_\_\_

Tax ID # Credit Limit Requested: \_\_\_\_\_

Principals: Names of officers or owners: \_\_\_\_\_

Buyer's name: \_\_\_\_\_

Accounts Payable contact: \_\_\_\_\_  
Phone E-mail

Current Vendors:

1. A/P contact \_\_\_\_\_

2. A/P contact \_\_\_\_\_

3. A/P contact \_\_\_\_\_

Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone

The above information is intended for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize Express Ramps, LLC. to investigate the references listed above, pertaining to my/our credit and financial responsibility. Applicant's signatures attest financial responsibility and willingness to pay our invoices according to terms of invoice and to pay costs of collecting past due amounts including, but not limited to collection fees, attorney fees and court costs. All Past Due Invoices will have a 5% late fee added.

Signature Title Date

Please fax completed application to 423-373-1888 or mail it the address below.