

EXPERIENCE THE DIFFERENCE

# CREDIT APPLICATION

Name of Business: \_\_\_\_\_

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

City/State/Zipcode: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical/Delivery Address: \_\_\_\_\_

AP Contact (name, email, phone): \_\_\_\_\_

Business Type:  Sole Proprietorship  Partnership  Corporation

Sales/Use Tax Status:  Taxable  Exempt (attach valid resale certificate)

Credit Requested \$: \_\_\_\_\_

## Trade References:

Name:	City/State/Phone Number:

## Financial Information:

Bank Name: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Bank Phone Number: \_\_\_\_\_

Upon approval of credit terms by Container Management Services, LLC, Purchaser shall make payment in full according to the terms extended and based on Seller's invoice date. Interest on any overdue portion may be charged at the highest rate permitted by law if payment is not made in accordance with Seller's terms of sale. In the event of any disputes between the parties hereto related to this agreement or the collection of amounts owed the Seller, Buyer agrees to pay all reasonable expenses, including attorney's fees and costs in settling dispute and collecting amounts due.

Signature: \_\_\_\_\_ Printed Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Terms: \_\_\_\_\_ FS Group: \_\_\_\_\_ FOB: \_\_\_\_\_ AM: \_\_\_\_\_

[www.containermanagementservices.com](http://www.containermanagementservices.com)

