



Credit Application

Customer Name: _____ Phone Number: _____
Address: _____ Fax Number: _____
City: _____ Zip Code: _____
Owners Name: _____ Phone Number: _____
Address: _____ City: _____
Social Security #: _____ Years In Business: _____
Nature Of Business: _____ Federal ID #: _____
Type Of Business: Corp. _____ Inc. _____ Prop. _____ Partner _____

Principals Of The Organization

Name _____ Title _____
Name _____ Title _____
Additional Authorized Purchaser _____
Required P.O.'s Yes _____ No _____ Sales Exemption # _____

Trade References

Name _____	Name _____
Address _____	Address _____
City/State _____	City/State _____
Phone # _____	Phone # _____
Fax # _____	Fax # _____
Name _____	Name _____
Address _____	Address _____
City/State _____	City/State _____
Phone # _____	Phone # _____
Fax # _____	Fax # _____

Bank References

Bank Name _____	Contact _____
Address _____	City/State _____
Phone # _____	Fax # _____
Name on Account _____	Account # _____

The undersigned agrees, should credit be extended to my company, payments are to be in accordance with the terms set forth on invoices and shall be due to Trenchers Plus, Inc. at the above address. All amounts over 30 days old are subject to a service charge of 1 1/2% per month. We understand by signing this form we are giving you authorization to check references with our vendors and banks we have listed.

Customer Authorization

Date