

# CURREY & COMPANY

## CREDIT APPLICATION

NOTE: OUR CREDIT TERMS ARE NET 30 DAYS

current account holder  
account id:

corporate name:		business name:	
phone:		fax:	
street:	city:	state:	zip:

### CONTACTS

owner:	email:	phone:
a/p:	email:	phone:

### GENERAL

month/year established:	Years at this location:
Incorporated?      YES      NO	If so, which state?
state sales tax registration/exemption number:	

### REFERENCES (MINIMUM 5 REQUIRED)

name:	phone:	fax:	acct#:
street:	city:	state:	zip:
name:	phone:	fax:	acct#:
street:	city:	state:	zip:
name:	phone:	fax:	acct#:
street:	city:	state:	zip:
name:	phone:	fax:	acct#:
street:	city:	state:	zip:
name:	phone:	fax:	acct#:
street:	city:	state:	zip:

I/we agree to pay interest at the maximum rate allowed by law if this account becomes past due. I/we also agree to pay all collection and attorney fees as a result of this account becoming delinquent.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_