



SINCE 1988

# AccuListUSA

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®

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**accounting@acculistusa.com**

## APPLICATION FOR CREDIT

*Please fill out completely to avoid delay in your credit.*

Date:

Company Name <input type="text"/>		Telephone Number <input type="text"/>	
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Street Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
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Mailing Address (If different than above) <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
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Name of Parent Company <input type="text"/>	Telephone Number <input type="text"/>
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How long in Business? <input type="text"/>	Type of Business:	
	<input type="checkbox"/> Advertising Agencies	<input type="checkbox"/> Non-Profit
	<input type="checkbox"/> Data Processing Services	<input type="checkbox"/> Printer
	<input type="checkbox"/> Mail Order Company	<input type="checkbox"/> Public Relations
	<input type="checkbox"/> Marketing Consultant	<input type="checkbox"/> Telemarketing
	<input type="checkbox"/> Other	<input type="text"/>

Credit Limit Requested	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$2500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000
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Purchase Order Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tax Exempt (If yes, attach a Tax Exemption Certificate)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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### ACCOUNTING INFORMATION:

Do you pay from	<input type="checkbox"/> Statement (* See Terms)	Accounts Payable Person <input type="text"/>
	<input type="checkbox"/> Invoice (*See Terms)	Fax Number <input type="text"/>

Local Managers Name	<input type="text"/>
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**CORPORATION/PARTNERSHIP INFORMATION ONLY**

State and Date of Incorporation	<input type="text"/>
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Name (President)	Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name (Secretary)	Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name (Treasurer)	Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner's Name	Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number (Required)	D.O.B.	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner's Name	Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number (Required)	D.O.B.	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

**TRADE REFERENCES (Give only names of those you buy from on open account)**

Name	Address
<input type="text"/>	<input type="text"/>

City	State	Zip	Phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Address
<input type="text"/>	<input type="text"/>

City	State	Zip	Phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Address
<input type="text"/>	<input type="text"/>

City	State	Zip	Phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**BANK REFERENCE**

Bank Name	Telephone Number	Account Number	Bank Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

City	State	Zip	Account Representative
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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\*TERMS:

**Statement Terms** - Due upon Receipt **Invoice Terms** - Net 30 days

I/We agree to pay a service charge of 1.5% per month, (18% per annum) and to pay all reasonable attorney fees and court cost for the collection of any delinquent balance. A \$25.00 service charge will be assessed against applicant's accounts upon receipt of any returned check by your bank.

All the preceding statements are true to the best of my knowledge.

Signature	Please Print Name	Title

**FOR CREDIT DEPARTMENT USE:**

Salesman Name	Salesman Number		
<input type="checkbox"/> Credit Approved	Maximum Credit Limit \$		
<input type="checkbox"/> Credit Refused			
Signed	Title	Date	Email Address

Please complete and return via fax or mail.