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CREDIT APPLICATION

Please read all terms information and provide complete names, addresses, phone and fax numbers. Information not provided may slow processing of application. All sales will be cash until credit is approved. A \$250.00 minimum annual activity is required to keep the account active. Accounts are due net 10th of month following statement date. Past due accounts will be charged maximum legal finance charges and all collection fees.

Company Name _____

Mailing Address _____

Shipping Address _____

Accounts Payable Contact and Phone Number _____

Company Phone Number _____

Company Fax Number _____

E-Mail Address _____

TYPE OF BUSINESS

Sole Proprietorship _____ Partnership _____ Corporation _____

LLC _____ State Incorporated _____ Subsidiary/Div _____

Credit Line Requested _____

Number of Years in Business Under This Name _____

Number of Years in Business At This Location _____

Annual Sales Volume _____

Do You Require Purchase Order Numbers On Invoices? _____

Persons Allowed To Charge To This Account _____

PLEASE CONTINUE ON NEXT PAGE

Names, Addresses, & Phone Numbers of Owners, Partners and or Officers

Payment Personally Guaranteed By _____ **Title** _____

Trade References

Name _____ **Person to Contact** _____

Address _____ **Acct. #** _____

Telephone # _____ **Fax #** _____

Name _____ **Person to Contact** _____

Address _____ **Acct. #** _____

Telephone # _____ **Fax #** _____

Name _____ **Person to Contact** _____

Address _____ **Acct. #** _____

Telephone # _____ **Fax #** _____

Bank _____ **Officer** _____

Address _____ **Acct.#** _____

Telephone _____ **Fax** _____

Resale Permit Number (if for resale, please attach copy) _____

FED I D Number of Company _____

Social Security Number of Individual _____

All Statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agent from any liability resulting from their credit survey.

Authorized Signature _____ **Title** _____ **Date** _____

FOR OFFICE USE ONLY

Date References Completed _____

References Checked By _____

Comments _____

Credit Limit _____

Salesman Number _____

Customer Type _____

Credit Approved / Denied By _____

Date _____