

CAMPBELL SUPPLY Co.

Industrial & Contractor Supplies

CREDIT APPLICATION

****Please Download or Print the Application, Fill Out, Email back to:
info@campbellsupplyco.com**

APPLICANT DATA

Company Name _____ *Main Telephone*
() _____

Billing Address _____

Shipping Address(if different) _____

Main Fax _____ *Business Type* _____ *Years in Business*
() _____

GENERAL INFORMATION

Credit Line Request (Per Month): _____ *DUNS #* _____

Are you Sales Tax Exempt: YES NO

If YES - Please Provide Resale Certificate with Application

Do you require P.O. Numbers: YES NO

CONTACT INFORMATION

Owner Name: _____ *Home Phone:()* _____

Accounts Payable Name: _____ *A/P Fax:()* _____

Purchasing Agent: _____ *Purchase Fax:()* _____

Purchasing E-mail Address: _____

ELECTRONIC COMMERCE

Company Web Address: _____

Will you accept Invoices by E-Mail: Yes No

If YES, A/P E-mail Address: _____

If NO, Invoices will be faxed unless other arrangements are made.

Monthly Statements will be sent upon request only.

Are you able to Pay via Electronic Funds Transfer: Yes No

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Campbell Supply Co.*

TRADE REFERENCES

1. *Company Name* _____

Address _____

Contact _____ *Title* _____

Telephone _____ *Fax (required)* _____

2. *Company Name* _____

Address _____

Contact _____ *Title* _____

Telephone _____ *Fax (required)* _____

3. *Company Name* _____

Address _____

Contact _____ *Title* _____

Telephone _____ *Fax (required)* _____

Bank Information

1. *Bank Name* _____ *Branch* _____

Address _____

Contact _____ *Title* _____

Telephone _____ *Fax* _____

Check Account # _____ *Line of Credit* _____

I/We the undersigned, have listed information for the purpose of obtaining credit. I/We hereby attest that the information supplied on this application is true and correct. I/We hereby authorize you to investigate the references herein listed, and to investigate other sources to determine my/our credit standing and financial obligations.

I/We do hereby agree to pay and all obligations to Campbell Supply Co. under the terms of net thirty days from date of invoice. If, at any time, I/We fail to meet these terms, I/We agree to pay interest computed at the rate of 1.65% per month. In the event that Campbell Supply Co. should incur collection costs, or institutes suit to collect any unpaid charges on my/our account, I/We agree to pay such additional collection costs, charges and expenses, including but not limited to, reasonable attorneys/solicitors fees in account is placed in the hands of an attorney/solicitor for collection.

IMORTANT: The credit release and agreement to terms of this application must be signed before we can process your application.

Authorized Signature (Required) *~ Print Name ~* *Title* *Date*

CAMPBELL SUPPLY USE ONLY

Customer Account Number: _____ **Salesperson Number:** _____

Credit Code/Limit: _____

Approved By: _____ **Date Approved:** _____